

Best Practice Guidance



Llywodraeth Cymru
Welsh Government

FOOD & NUTRITION

in Care Homes for Older People



Best practice guidance

Food and Nutrition in Care Homes for Older People

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Foreword

We are delighted to launch the Food and Nutrition in Care Homes for Older People – Best Practice Guidance. We want this to be a resource to help care homes to support their residents to eat and drink well, provide excellent quality food to meet their needs and support them to achieve the best possible outcomes. The guidance is being delivered as part of our commitment to improve food and nutrition in a range of settings across Wales.

Our vision is for older people living in care homes in Wales to optimise their nutritional health and wellbeing in a caring and dignified environment. They should enjoy their food and be able to access it, according to their needs and wishes. Illness and changes associated with increasing age, can affect our food and drink intake and increase the risk of malnutrition, which can have serious health consequences. Older people living in care homes may be particularly at risk, especially if they have conditions that impact on their food and drink intakes. We are aware of excellent practice in care homes across Wales. We want to support all care homes to achieve best practice and to provide a quality food service to the people they care for.

The guidance includes information about food and drink provision across the day. We will be working with a range of partners, including Care Inspectorate Wales, to ensure that the guidance is adopted and that we can monitor the difference it makes. A range of menu plans and recipes will follow the guidance and will be available on the Welsh Government website.

We would like to acknowledge the input from Care Forum Wales, Care home providers, Care Inspectorate Wales, NHS Dietitians, Age Cymru, Food Standards Agency, Health Boards, and Local authorities, who helped to inform and shape the guidance.



A handwritten signature in black ink that reads "Vaughan Gething".

Vaughan Gething AM
Minister for Health and Social Services



A handwritten signature in black ink that reads "Julie Morgan".

Julie Morgan AM
Deputy Minister for Health and Social Services

FOOD & NUTRITION

in Care Homes for Older People

Section 1

Why eating and drinking well matters

Section 1

Why eating and drinking well matters

An introduction to the guidance

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Aims of the best practice guidance for care homes

This guidance has been put together with input from care home providers, health care professionals, partner agencies and Care Inspectorate Wales, and is also based on the earlier work from Torfaen Local Authority and Aneurin Bevan Health Board¹. Its aim is to provide the following help to care home settings, residents, relatives and carers.

For care homes it will help you to:

- Demonstrate how your ethos for food and drink provision contributes to meeting the overall requirements for care and support.
- Provide the right balance of nutritious food and drink in the correct portions and textures to meet the dietary recommendations of older people in your care.
- Encourage residents to eat and drink well and have positive health and well-being outcomes.
- Aim for best practice in this area.
- Ensure food hygiene and safety regulations are followed.
- Promote your care home as an environment that prioritises the food and drink needs of your residents.

For residents it will help to:

- Ensure they get the right amount of energy and nutrition to maintain and/or improve health and well-being.
- Ensure they are able to eat their food whilst retaining their dignity.
- Ensure they enjoy their food and have a variety of choices and texture to suit their needs.
- Prevent malnutrition and associated risks.
- Support them to drink regularly and keep hydrated.
- Involve them in supported decision making.

For relatives and carers it will help to:

- Make them feel confident that their relative is receiving good nutrition in a dignified and caring way.
- Inform about the care homes approach to food and drink.
- Involve them in supported decision making, when acting on behalf of their relative.
- Engage them in the ethos of the home and its approach to meal times, helping their relative to eat where appropriate.

Where relevant it will also:

- Support other national policy initiatives and programmes that impact on older people in care home settings e.g. Care Home Cymru, Gwên am byth, (oral health assessment programme), prevention and management of urinary tract infections initiative.
- Inform the nutrition and hydration components of the new Level 2 and 3 health and social care qualifications, so that newly qualified practitioners will be aware and have knowledge of food provision and nutrition needs of older people in their care.
- Be embedded in the all Wales 'Nutrition skills for life' community training programme which care home settings have access to as well as other training provided by local health board dietitians.
- Inform the trainers of health and social care practitioners e.g. continuing professional development sessions for staff and student training.

Who is it for?

All regulated providers of care home services for older people.

It is also encouraged as best practice for other providers of care where relevant.

¹ Menus Count in Care was a web based resource produced in 2016 for care homes to help plan menus and provide recipes. The information has now been updated and included in this web based guidance.

Key role of care home settings in providing quality food and positive dining experiences to support residents health and well-being

Older people in care homes will have a range of dietary needs. Residents who are well and have a good appetite can enjoy a balanced healthy diet. Many care homes will have residents who are more likely to have support needs and/or health conditions that impact on their food and drink intake. This makes it more important to ensure that food and drink provided is enjoyable, nutritious and accessible, in order to maintain their health and wellbeing.

Appetising food, provided in a positive and caring environment, that meets individual needs, is a key aspect of delivering high quality care.

Provision of a nutritious balanced diet and regular drinks is essential to:

- prevent malnutrition
- maintain a healthy weight
- keep hydrated
- encourage interest and enjoyment of food.

Regular nutritious meals, snacks and drinks also form a structure to the day and provide opportunities for social interaction.

All staff in a care home contribute to the overall wellbeing of residents and all have an equally important role to play to ensure that their residents have positive food experiences.

This comprehensive guidance has been developed to support care home staff in Wales to understand and meet the nutrition and hydration needs of all their residents by:

- providing food and drink to meet the range of residents' requirements, specifically in relation to the increased risk of malnutrition in their more vulnerable population
- supporting individuals to enjoy their food, eat and drink amounts that maintain their health and well-being.

The challenges are to ensure that meals, snacks and drinks provided meet dietary recommendations for this vulnerable group and are eaten and enjoyed by all residents.

The recommended food standards and best practice guidance will support the care home sector in raising the nutritional quality of the food they serve, and to meet the range of resident's needs.

This will also help care homes to demonstrate to Care Inspectorate Wales and Local Authorities how they are meeting their obligations and responsibilities consistent with the statutory guidance (see Appendix 1). It will also help to have a more objective assessment of the quality of the food provided, so that best practice can be highlighted.



Diet and the health of older people

As we get older it is important to continue to eat well. Changes in our bodies mean that we may need less energy (calories) but we still require the same amounts of protein and important vitamins and minerals to maintain our health and well-being – we call this a nutrient dense diet. Good nutrition and regular physical activity play a protective role in a number of conditions that are more common as we get older e.g. cardiovascular disease and cognitive decline (brain function). They also help to protect oral health, bone and joint health in later life.

Also, as we get older other factors can affect our food and drink intake and make us more at risk of not getting all the nutrients we need, such as general ill health, drug interactions, being less mobile, having less income, social isolation, being depressed, suffering bereavement and poor dentition. Our general appetite may be less and we will need smaller portions of food, see Table 1. Some older people in the UK, especially those living in care homes, have been found to have low intakes and low blood levels of a range of important nutrients.

Table 1 – Table showing how changes associated with normal aging, increase nutritional risk for older adults

	Health and physical changes that may happen	Impact on diet and nutrition
Well older person	<p>May be less active</p> <p>May be overweight</p>	<p>Nutritional requirements of well older people are similar to the general population –</p> <p>A balanced healthy diet based on the Eatwell guide</p>
Ageing process	<p>Reduced mobility and dexterity</p> <p>Sensory changes e.g in taste, smell, hearing, vision</p> <p>Changes in: eyesight, oral health, digestive functions, cognitive functions</p> <p>Chronic disease</p> <p>Medical condition may increase requirement for certain nutrients</p>	<p>Energy requirements will be less but protein, vitamins and mineral requirements are the same</p> <p>A poor intake overall can result in weight loss and poor nutritional status</p> <p>Special therapeutic diets may be required for medical conditions</p> <p>May need adapted utensils and/or support to eat and drink</p>
Older person with higher support needs and/or medical conditions	<p>Particular risk of dehydration</p> <p>Further impact of factors that increase risk of malnutrition such as:</p> <p>illness, disability, social isolation, major life events, loss of independence, change in physical health, weight changes, housing conditions</p> <p>Potential side effect of medications e.g dry mouth</p>	<p>Ensuring adequate hydration is essential</p> <p>A balanced, nutrient dense diet is required</p> <p>If at risk:</p> <ul style="list-style-type: none"> • food first principles and food fortification • may require texture modification or special therapeutic diet • more likely to need adapted utensils and/or support to eat and drink, additional oral health care

Key dietary problems in older people:

- Malnutrition is more prevalent in older people particularly those living in care settings.
- Overweight and obesity are prevalent in well older people but this decreases in further old age.
- Low intakes of protein, vitamin D, and iron which impact on overall health.
- Constipation is common as food intake reduces, activity decreased and can be made worse by dehydration.

The health impact of these are detailed in section 2.

Malnutrition

In the UK prevalence of under nutrition is widespread for people being admitted to hospitals and care homes. Results from a national survey in 2011 estimated an overall prevalence of 41% in care homes, with a range of 30-40% on admission, with a tendency to increase with age¹.

Initial assessment of a resident's dietary needs, food and drink intake is therefore very important to find out any current problems. Prevalence of malnutrition is often greater in nursing homes than residential homes, as people may have had a longer period of ill health and conditions that impact on food and drink intakes. However, many older people with dementia living in care homes will not require nursing care but may have difficulties with eating and drinking.

Healthy weight

Maintaining a healthy weight is important as we get older and recent surveys show that across Wales we have large numbers of people over the age of 65 who are overweight or obese. Obesity increases the risk of disease such as coronary heart disease, type 2 diabetes, high blood pressure, osteoarthritis, joint pain and obesity related cancers.

Obesity does decrease with increasing age and the percentage of older people in care homes who are overweight or obese is likely to be much less than the average population. However, the incidence of diabetes is likely to be greater than the general population.

Table 2 – Current rates of overweight and obesity in older people in Wales

National Survey for Wales 2018-2019 ²	General population 55-64 years	General population 65-74 years	General population Over 75 years
Overweight and obesity	67%	64%	51%
Obese	31%	25%	13%

Table 3 – What are the problems of being underweight or overweight?

Underweight	Overweight
<p>Increased risk of:</p> <ul style="list-style-type: none"> • illness and infection • slower wound healing • falls • lower mood <p>Reduced:</p> <ul style="list-style-type: none"> • energy levels • independence and ability to carry out daily activities • muscle strength • quality of life 	<p>Increased risk of:</p> <ul style="list-style-type: none"> • Obesity • Type 2 Diabetes • Coronary heart disease and stroke • Osteoarthritis • Some Cancers • Sleep apnoea and breathing problems • Mental health problems • Reduced physical functioning

People in your care may choose to eat an unbalanced diet and therefore their rights need to be respected. There should always be a risk assessment and management process, if there is a potential impact on their health.

Oral health and dietary intake are also closely linked – having poor oral health, tooth decay, and gum disease can reduce food intake and enjoyment of food and have a big impact on quality of life. Ill fitting dentures are also a key cause of discomfort and they may also indicate previous weight loss, which should be identified when first assessing a resident’s needs.

Studies in Wales have shown that poor oral health can be a particular problem for older people living in care homes. The Gwên am Byth programme aims to support care homes to deliver high quality oral health care, see Section 2.

Important nutrients

Energy – although energy requirements may be less, the quality of the diet needs to be the same. However, some residents may have increased energy requirements, for example if they have chronic obstructive pulmonary disease (COPD) or Parkinson’s disease. Residents with dementia may have lower energy requirements if less mobile with low motivation, or they may be increased in the case of hyperactivity, restlessness and being more active.

Protein intakes are important to preserve muscle mass and help to prevent sarcopenia as well as having a crucial role in wound healing and maintenance of pressure areas.

Dietary Fibre is important to help prevent constipation, which is more common in older people, and is a valuable source of nutrients.

Vitamin D – There are specific recommendations for vitamin D for older people. Vitamin D is synthesized in the skin via the action of sunlight. It is essential for bone health and believed to improve muscle strength. Older people typically go out doors less than younger age groups and their skin is less efficient at producing vitamin D from sunlight. It is therefore recommended that all adults over the age of 65 take a supplement containing 10 micrograms of vitamin D daily and regularly eat foods containing vitamin D (e.g. oily fish and fortified breakfast cereals).

Iron – Poor food intakes of iron can lead to iron deficiencies in older people, causing tiredness and dizziness and can result in anaemia.

Hydration

Older people are particularly at risk of dehydration because of the effects of ageing, they may also be less able to sense thirst, or communicate that they are thirsty. Advancing age and other illnesses may also impact.

Low intake dehydration is a deficiency of water due to insufficient drinking and is a particular risk for care home residents. One study found that 20% of older people living in UK care homes were dehydrated³.

Fluids are particularly important to:

- stay hydrated
- reduce the risk of constipation, falls, urinary tract infections and renal stones
- to help regulate body temperature.

Further information on important nutrients and food can be found in Section 2 and Hydration in Section 3.

Impact on provision of food and drink and nutrition support in care homes

Care homes are much more likely to have residents who are at risk of being underweight and malnourished, but may also have some residents who are overweight or obese, which can impact on their mobility and care and their dietary requirements will differ.

The important message here is to ensure that there is not a blanket approach to food provision. For example, all residents should not receive fortified puddings. Similarly all residents should not receive lower fat milk. Individual requirements, preferences and needs must be taken into account. These aspects are all explained in the practical food guidance.

Provision of food and drink that meets resident’s individual needs is essential

In order for ‘healthy diet provision’ to meet the range of requirements, a variety of food provision options will be needed e.g. a healthy balanced diet, smaller more nutrient dense meals and snacks, fortified food and nourishing drinks may all need to be offered.

There also needs to be a flexible, adaptable approach to meet the needs of residents who have dementia and those who need a therapeutic diet or a modified texture diet.

What does the best practice food and nutrition guidance for care homes contain?

Best practice guidance		Menus and recipes
Section 1	Why eating and drinking well matters	Example menu plans
Section 2	Food standards, guidelines and menu planning	
Section 2A	Eating and drinking well using Food First approaches	Recipes for standard, fortified and ‘finger food’ menus
Section 2B	Eating and drinking well with mental health conditions	
Section 2C	Eating and drinking well using textured modified diets and IDDSI*	Recipes for texture modification or link to resources
Section 3	Drinking and the importance of hydration for residents in care homes	
Section 4	Encouraging residents to eat well	
Section 5	Food Hygiene and Safety	
Section 6	Assessing and monitoring dietary needs	
Section 7	Putting the guidance into practice	

*IDDSI – International Dysphagia Diet Standardisation Initiative

A note about Section 2

Section 2 provides a complete guide to providing a nutritious balanced diet to meet the range of needs of residents in your care. It describes food standards based on nutrient requirements for the food groups and demonstrates how meal standards can help you plan your menus.

The remaining sections provide a comprehensive guide to achieving quality nutrition and hydration care for all your residents, to maximise enjoyment of food and quality of life.

The menus and recipes can be used to add to your current menu planning or to review and improve your current food provision:

- To enable current dietary recommendations to be met and promote appropriate amounts and types of food for older people living in care homes.
- To ensure that individuals are provided with care and support which enables them to achieve the best possible outcomes and are supported to maintain a healthy diet and fluid intake.

Links to statutory guidance on meeting service standard regulations made under the Regulation and Inspection of Social Care (Wales) Act 2016 can be found in Appendix 1

The statutory guidance includes the requirement to ensure that people are provided with care and support which enables them to achieve the best possible outcomes. The guidance specifically sets out how providers may comply in respect of supporting individuals to maintain a healthy diet and fluid intake.

Table 4 outlines how this food and nutrition best practice guidance can support you in relation to the statutory guidance and provides examples of how you can demonstrate that you are providing a high quality service and meeting the care and support needs of your residents.

Table 4 – Statutory guidance for service providers and responsible individuals on meeting the regulations for care home services

Statutory guidance		
<p>1.5 Requirements on service providers as to the standard of care and support to be provided</p> <p>Example Individuals are supported to maintain a healthy diet and fluid intake:</p>	<p>How the food standards and best practice guidance support care homes to meet this:</p>	<p>Examples of how care homes could demonstrate excellent quality in food and drink provision and nutritional care of residents</p>
<p>Where food and/or drink is provided for individuals, there is a choice which meets their needs and preferences as far as is reasonably practical</p>	<p>Example menus, recipes and menu planning based on food and nutrient standards, to meet a range of needs</p>	<p>Cyclical menu available with range of choices to meet food standards and individual resident's needs</p> <p>This should include therapeutic diets, texture modified diets, and attention to individual preferences</p>

² <https://gov.wales/sites/default/files/publications/2019-04/guidance-for-providers-and-responsible-individuals.pdf>

Statutory guidance		
Healthy choices of food are available and are promoted	<p>Defines what ‘healthy’ means in respect of the different needs of older people e.g.</p> <p>For a well older person – a balanced healthy diet</p> <p>For an older person with higher support needs and risk of malnutrition – a meal plan including more concentrated sources of energy and protein, more frequent smaller meals and potentially modified texture</p>	<p>Healthier choices for well older residents</p> <p>Hot and cold drinks available at all times</p> <p>‘Food First’ approach:</p> <p>Nutritious snacks, and drinks and smaller meals made available</p> <p>A range of texture modified diets to meet IDDSI and individual resident needs</p> <p>Use of food fortification and reduced reliance on nutritional supplements</p>
Mealtimes are a positive experience and, where required, individuals are supported sensitively to eat and drink	<p>Section 4 on care and support includes focus on the dining environment, assisting with eating and drinking, care and dignity</p> <p>Additional guidance on specific needs of residents with Dementia and those requiring texture modification</p>	<p>Observation of:</p> <ul style="list-style-type: none"> • pleasant dining environments • positive engagement with residents (including language used) • dignified assistance with eating and drinking • involvement of families where appropriate
Where assessments are undertaken this includes the identification, using nationally recognised tools and evidence based guidance, of where an individual’s nutritional or fluid intake could be compromised	<p>Section on screening and assessment and link to a screening tool for use in care homes</p>	<p>Residents food and nutrition needs are assessed using the appropriate tools</p> <p>Care plans are developed and implemented to meet resident’s needs</p>
Where individuals are identified as being at risk of weight loss or dehydration there is effective monitoring of weight, nutritional and fluid intake, and remedial action is taken when concerns arise or persist	<p>‘Food First’ approach and recipes for fortified foods</p> <p>Examples for effective hydration</p> <p>Links to resources and training to support monitoring</p>	<p>Care is monitored and evaluated and changes implemented as required</p>
Where necessary, additional specialist advice is sought to support care. Prescribed treatments and support, including specialist diets and food and drink preparation, is adhered to	<p>Specific advice on special diets in guidance and where to get help</p>	<p>Care home have contact with relevant health professionals and know how to access further support</p>

*(Part 7, Regulation 21, The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 (as amended).

References

1. Nutrition Screening Survey in the UK and the republic of Ireland (BAPEN, 2011) Hospitals, Care Homes and Mental Health Units
https://www.bapen.org.uk/pdfs/nsw/nsw_report2008-09.pdf
2. National Survey for Wales (2018) Statistics for Wales
<https://gov.wales/national-survey-wales-population-health>
3. Hooper L, Bunn DK, Downing A, et al. Which Frail Older People Are Dehydrated? The UK DRIE Study. *J Gerontol A Biol Sci Med Sci.* 2016;71(10):1341–1347. doi:10.1093/gerona/glv205

Appendix 1

Regulation and Inspection of Social Care (Wales) Act 2016

The Regulation and Inspection of Social Care (Wales) Act 2016 ('The 2016 Act') provides the statutory framework for the regulation and inspection of social care in Wales. It aims to continuously improve the quality of care and support in Wales with an emphasis on:

- **Improving well-being** by assessing the impact of services on people's lives.
- **Giving a stronger voice** to people who use services.
- **Strengthening protection** through regulatory powers and greater transparency and comparability across services in Wales.
- **Increasing accountability** of service providers by ensuring a clear alignment between leadership, culture and well-being.

The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 as amended were made under the 2016 Act. They place requirements on providers and responsible individuals of regulated social care services, including care home services.

Statutory guidance accompanying these regulations sets out how providers of regulated services (including care home services) may comply with requirements imposed by regulations made under the 2016 Act.

Available at:

<https://gov.wales/sites/default/files/publications/2019-04/guidance-for-providers-and-responsible-individuals.pdf>

Requirements on service providers as to the standard of care and support to be provided (Part 7, Regulations 21–25)

The intent of Part 7 of the Regulations is to ensure that individuals are provided with care and support which enables them to achieve the best possible outcomes. The service is designed in consultation with the individual and considers their personal wishes, aspirations and outcomes and any risks and specialist needs which inform their care and support. This includes:

- provision of staff with the knowledge, skills and competency to meet individual's well-being needs
- ensuring staff have the appropriate language and communication skills
- planning and deploying staff to provide continuity of care
- consultation with and seeking support from relevant agencies and specialists where required.

Part 7, Regulation 21 sets out the overarching care and support requirements including provision of care and support which protects, promotes and maintains resident's safety and well-being and enables them to achieve the best possible outcomes. The full regulation is set out below:

21

- (1) The service provider must ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.
- (2) The service provider must ensure that care and support is provided to each individual in accordance with the individual's personal plan.
- (3) The service provider must ensure that care and support is provided in way which —
 - (a) maintains good personal and professional relationships with individuals and staff; and
 - (b) encourages and assists staff to maintain good personal and professional relationships with individuals.
- (4) If, as a result of a change in the individual's assessed needs the service provider is no longer able to meet those needs, even after making any reasonable adjustments, the provider must immediately give written notification of this to the individual, any representative, the service commissioner and the placing authority.

FOOD & NUTRITION

in Care Homes for Older People

Section 2

Food and Nutrition:
standards, guidelines and menu planning

Section 2

Food and Nutrition: standards, guidance and menu planning

A complete guide to providing a nutritious balanced diet to meet the range of needs of residents in your care.

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Additional sections cover the following:

2A Eating and drinking drinking well using ‘food first’ approaches

2B Eating and drinking well with mental health conditions

2C Eating and drinking well using texture modified diets and IDDSI

Food and nutrients, balancing requirements, the Eatwell Guide



It is crucial to ensure that food and drink provided to older people in care homes is enjoyable, nutritious and accessible, to benefit their health and wellbeing.

Appetising food and drink that meets residents individual needs and provided in a positive and caring environment is a key aspect of delivering high quality care.

This section provides all you need to know about the food and drink you provide to ensure it meets the dietary recommendations for older people in your care. This will help to ensure residents are well nourished, hydrated and maintain a healthy weight.

What are nutrients?

The body needs energy, nutrients and water to provide essential nourishment:

Macro nutrients are: protein, carbohydrate, fats	Micro nutrients are: vitamins and minerals e.g. Vitamins A, C & D, Minerals – iron, calcium
	

- **Food standards** outline the types of food that older adults should be offered at each meal e.g. breakfast, main meal or a snack, or overall in a day to meet the recommendations for nutrient intake.

A separate volume of example menus and recipes that meet the food standards is provided.

For more information on the recommended amount of nutrients for an average day for older adults see Appendix 2.

Balancing requirements throughout the day

What is the ideal healthy balanced diet?

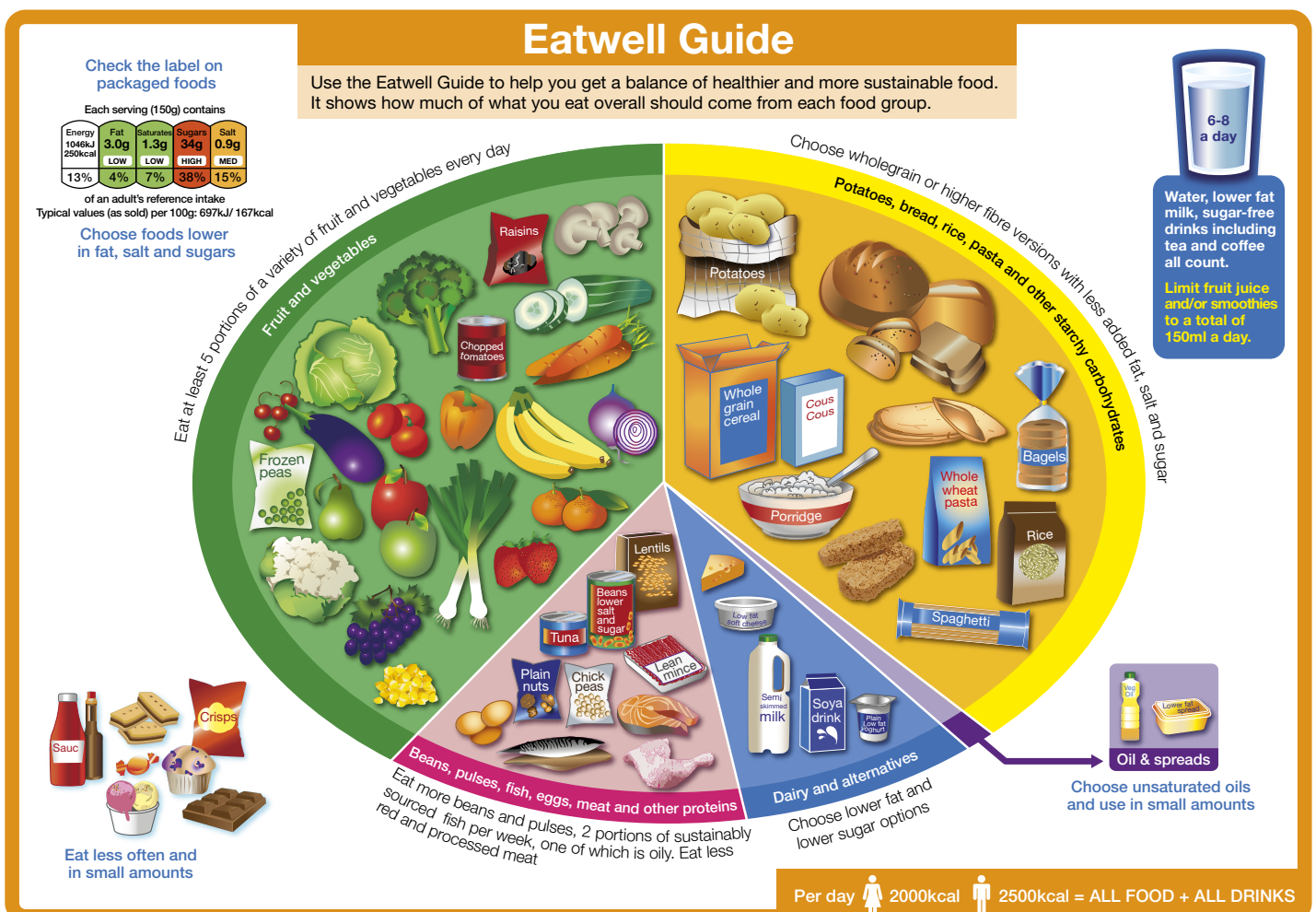
Eating well and having a healthy lifestyle can help us all feel our best and make a big difference to our immediate and long term health. The Eatwell Guide is used across the UK to help everyone understand what the ideal balance of foods is for a healthy diet and is aimed at children over the age of 5, adolescents, adults and older people in good health. It promotes a healthy balanced diet with lots of fruit and vegetables, high fibre cereals and grains, lower fat, sugar and salt in order to help prevent many conditions that are linked to a poor diet.

How much and what types of food to have during the day

The Eatwell Guide encourages us to choose a variety of foods from the 5 food groups to help us get the wide range of nutrients our bodies need to stay healthy.

The five food groups are:

- Potatoes, bread, rice, pasta and other starchy foods
- Fruit and vegetables
- Beans, pulses, fish, eggs, meat and other proteins
- Dairy and alternatives
- Oils and spreads.



Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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The Eatwell Guide shows how much of what we eat overall should come from each food group:

- Eat at least 5 portions of fruits and vegetables every day.
- Base meals on potatoes, bread, rice, pasta or other starchy carbohydrates; choosing wholegrain versions where possible.
- Have some dairy or dairy alternatives (such as soya drinks); choosing lower fat and lower sugar options.
- Eat some beans, pulses, fish, eggs, meat and other proteins (including 2 portions of fish every week, one of which should be oily).
- Choose unsaturated oils and spreads and eat in small amounts.
- Drink 6-8 cups/glasses of fluid a day.
- If consuming foods and drinks high in fat, salt or sugar have these less often and in small amounts.

It does not apply directly to those with special dietary requirements or medical needs, which should have advice from a registered dietitian.

The Eatwell Guide for older people in your care – what’s important and how does it differ

Well older people are recommended to have a healthy balanced diet in line with the Eatwell guide.

However, ill health and the ageing processes can impact on food intakes and nutritional well being.

“What do I need to know about older adults and nutrition and how do I achieve a good diet and the best health for my residents?”

It will be necessary to have a flexible, person centred care approach to meet the range of dietary needs of your residents. The majority of residents may prefer breakfast, a main meal and a lighter meal with snacks in between, whilst others may need more frequent, smaller, nutritious snacks and meals or require a fortified diet.

¹ Dietary Reference Values for energy, SACN 2011

You will need to consider:

- Initial and ongoing screening and monitoring of residents. These are essential components to the nutritional care of your residents.
- Staff training in food and nutrition care of older people to maximise impact.

Note:

- Good nutrition is essential to keeping healthy and being able to recover from illness.
- The malnourished older person will have greater risk of mortality, reduced rate of healing and a poorer quality of life.

Appetising and nutritious food is key, however other aspects of nutritional care are also important to support residents to eat and enjoy food which meets their needs. These include, oral health care, providing assistance to eat, a positive eating environment and protected meal times, which are all covered in the relevant sections of this guidance.

Overall energy and protein requirements

Estimated average requirements for Energy of well adults¹

	Male Energy kcals per day	Female Energy kcals per day
55-64 years	2581	2079
65-74 years	2342	1912
75 + years	2294	1840

A range of **1900 – 2600 Kcal per day** will cover the energy needs of the majority of your residents:

Nutritionally well – residents with normal appetites and requirements and

Nutritionally vulnerable – residents with poor appetites and not able to eat usual quantities of food at mealtimes or with increased needs.

Protein requirements

For well adults a minimum 55 g protein per day.

A range of 55-90 g protein per day will cover the majority of residents requirements².

Most of your residents will be of older age and potentially be at risk of malnutrition. If they have higher support needs they are more likely to have poorer appetites. Their meals may be less in quantity but they need to have the same level of protein and important nutrients. This is called a nutrient dense diet.

If residents are in bed most of the time their energy requirements will be lower and it is important to meet their dietary needs through small quantities of nutritious food and drink. Some residents may not appear to walk far however the effort required can demand more energy than you might expect.

Note: energy requirements will change for an individual depending on illness and mobility changes.

Meeting dietary needs

The diagrams below show some different ways that a daily intake of around 2,000 kcals and 65g – 75g protein and the range of vitamins and minerals, can be achieved.

Example 1 3 main meals

Breakfast



400 kcal
and 10g protein

Mid day meal



550 kcal
and 25g protein

Evening meal



550 kcal
and 20g protein

Small snacks

200-300 kcal
and 5g protein

include a total
of 6-8 drinks










200-300 kcal
and 5g protein

² Dietary reference values for food energy and nutrients for the United Kingdom, HMSO 1991







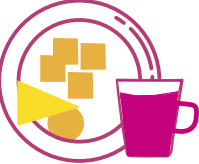

Example 2

3 small meals, 2-3 larger snacks and fortified drink

<p>Breakfast</p>  <p>300 kcal and 10g protein</p>	<p>Snack</p>  <p>250 kcal and 12g protein</p>	<p>Small meal</p>  <p>400 kcal and 15g protein</p>	<p>include a total of 6-8 drinks</p>  <p>200-300 kcal</p>
<p>Snack</p>  <p>300 kcal and 10g protein</p>	<p>Small meal</p>  <p>350 kcal and 10g protein</p>	<p>Fortified drink</p>  <p>185 kcal and 10g protein</p>	

Example 3

5 snacks and 3 fortified drinks

<p>Snack</p>  <p>300 kcal and 8g protein</p>	<p>Fortified drink and small snack</p>  <p>250 kcal and 12g protein</p>	<p>Snack</p>  <p>400 kcal and 15g protein</p>	<p>Fortified drink</p>  <p>185 kcal and 10g protein</p>
<p>Snack</p>  <p>300 kcal and 10g protein</p>	<p>Snack</p>  <p>150 kcal and 4g protein</p>	<p>Snack and drink</p>  <p>350 kcal and 15g protein</p>	<p>include a total of 6-8 drinks</p>  <p>Extra drinks 200 kcal</p>

Fluid – there should be 6-8 drink periods throughout the day offering both hot and cold drinks. This will provide approximately 1600 mls – 2000 mls fluid. The drinks at lunch and evening meal should be served immediately after the meal has been completed.

Drinks and the importance of residents keeping hydrated are covered fully in the section on Hydration.

Note: if using small cups (120 ml -150 ml) more frequent drinks will be required.

Menu planning

Menu planning is essential to achieve a well-balanced and healthy diet for the older people in your care. It will help you to meet the standards of care expected and the nutritional and health needs of your residents. It will also help you to demonstrate excellent practice in the quality of the food you provide.

Menu planning should be undertaken by a member of staff with the relevant knowledge and skills and an understanding of resident's nutritional needs, with input from staff, residents, relatives and managers.

Consider the different needs and choices of residents and how you can best accommodate them. For example providing a choice of main or light meals at both mid day and evening meal will accommodate those who like a larger breakfast and are then not ready for a main meal at mid day.

Planning menus in advance for your setting can:

- Ensure the right variety and balance to meet the food standards and guidance.
- Ensure variety to meet residents' needs and reduce menu fatigue.

- Reduce overall cost of food.
- Reduce and minimise waste.
- Ensure that all staff will know what food is provided.
- Inform residents and relatives of the choices available.

Aim for **at least** a 3 week menu cycle – to ensure a good variety and balance of different meals and to avoid too much repetition.

Use the food standards, meal standards, practice points, top tips, and the example menus and recipes to help plan your food provision.

Produce a menu that meets the needs of the majority of your residents with the right balance of energy and nutrients and then adapting this for individual needs. Include all food and drink provided on the menu.

For people with poor appetites always aim for a 'food first' approach initially with a variety of suitable drinks. 'Food first' is a dietary strategy for treating poor dietary intake and unintentional weight loss using every day nourishing food and drinks. See section 2A for guidance on 'food first'.



Top tips for menu planning



A menu structure should include:

- breakfast, lunch and evening meal
 - snacks between meals
- 1**
- regular hot and cold drinks throughout the day to offer 6-8 drinks a day a day and access to water 24 hours
 - flexibility to accommodate a range of meal patterns e.g. smaller frequent meals and more nutritious snacks.

2 **Talk to residents and relatives when planning menus** – this helps you to cater for everyone's needs.

3 **Plan menus for all the meals and snacks you provide for a 3 week cycle**, as a minimum. This will help to ensure there is variety and balance from the each of the main food groups and to plan shopping and kitchen preparation.

4 **Plan each meal and snack menu to meet the food and drink standards provided** – this will help to ensure that older people in your care receive the correct amount of nutrients and balance of food at each meal.

5 **Plan menus to include a variety of colours, tastes and textures** to make meals more interesting and appetising, and alternating hot and cold to add variety.

6 **Plan for preparation and cooking time** – Take into account the preparation and cooking time – look at what you are cooking each day, and avoid having a main course and dessert which will take a lot of time to prepare. Divide the food preparation so that it is equally spread throughout the day. You may find that you are limited by what you can fit in the oven and on the hob.

7 **Home-made dishes will generally be healthier than ready meals** because you can select your ingredients carefully and the salt content is likely to be lower, they can also be more easily adapted if fortifying meals for some residents.

8 **Make sure menus cater for all cultural, religious and dietary needs** and try adapting usual recipes for some diets, and if necessary have individual meals.

9 **Introduce new menu cycles at least twice a year**, this will help to introduce new recipes and ensure seasonality. Using special occasions or themed meal times can also help to add variety and interest.

10 **Minimising waste/use of left overs** – planning menus and ingredients lists can minimise food waste and maximise use of all food e.g. left overs in recipes. Remember to follow the rules about storing and keeping food. See the following web link for useful information on reducing food waste.

www.wrap.org.uk/content/menu-planning-preventing-food-waste

Menu	Monday	Tuesday
Breakfast		
Mid-morning snack		
Lunch		

Food groups and standards

The following sections outline the overall food standards to aim for:

For each food group, there is information to explain:

- the **types of food and drink** included in the food group
- **why the food group is important**
- **food safety information**
- **guidelines** for planning menus
- **typical portion size information.**

Food standards describe **how often, how much, and which different types** of food and drink to provide each day and at each meal.

Fruit and Vegetables

Why is this food group important?

Fruit and vegetables are an important source of vitamins A & C & E, folic acid, minerals such as zinc and iron and fibre.

Food Standard	Best Practice to include these healthy choices	Preparation do's and don'ts
<p>Fruit and vegetables should make up about a third of the daily diet</p> <p>Aim for each full day's menu to offer '5 a day' from a variety of vegetables, salads and fruit</p> <p>Include with breakfast, main meals, and as snacks</p> <p>Provide correct portion sizes: 80g is one portion (see list on p.10)</p> <p>Fruit based desserts can be offered as one of 5 a day if one portion of fruit included</p> <p>A glass of 100% unsweetened fruit juice should be offered at one meal time to help meet the Vitamin C intakes</p> <p>Always have fresh fruit available and ready to eat for those who require it e.g. fresh fruit salad in containers</p>	<p>Vegetables and salad</p> <p>All types of fresh, frozen and tinned vegetables – for example, fresh broccoli, frozen peas, tinned sweetcorn, courgettes, pak choi, okra</p> <p>Salad vegetables – for example, lettuce, watercress, cucumber, tomato, raw carrot, raw pepper, radish and beetroot</p> <p>Remember: potatoes are a starchy food and not included as a vegetable and do not contribute to one of your 5 a day, however sweet potatoes, parsnips, swedes and turnips do</p>	<p>Do not overcook fresh vegetables or cut them up a long time before cooking and leave them in water</p> <p>Do not cook vegetables early and re-heat before serving. (these practices all reduce the vitamin content)</p> <p>Do choose fresh vegetables when in season</p> <p>Do include frozen or tinned vegetables as these can save on cooking time and are just as nutritious</p> <p>Add vegetables and pulses to stews, casseroles, rice dishes</p> <p>Store fresh vegetables in a cool dark place</p>

Food Standard	Best Practice to include these healthy choices	Preparation do's and don'ts
	<p>Fruit</p> <p>Fresh fruit – such as apples, bananas, pears, grapes, kiwi fruit, oranges, satsumas, plums, berries, melon or mango</p> <p>Tinned fruit in juice – for example, peaches, pears, pineapple, mandarin oranges or apricots</p> <p>Stewed fruit such as stewed apple, stewed dried fruit, stewed plums or stewed rhubarb</p> <p>Dried fruit such as raisins, dried apricots, dates, dried figs, prunes</p> <p>Fruit juices and smoothies Do offer different fruits and vegetables at meals and snacks</p>	<p>Experiment with salads and try adding fruits and vegetables with nuts and seeds, noodles, bulgar wheat, quinoa and cous cous</p> <p>Add fruit to a range of desserts and dishes including cold starters and savoury, this may help some residents with dementia if they have a preference for sweeter foods</p> <p>Dried fruit are a good addition to desserts and breakfast to increase fibre and fruit intake.</p> <p>Note: some residents may not be able to chew them</p> <p>Dried fruit can be damaging to teeth, so include them as part of a meals which will have less impact than a snack</p> <p>Remember products like tomato ketchup, fruit yoghurt, jam are not included as they contain very little fruit or vegetables</p> <p>Watch out for drinks that say 'juice drink' on the pack as these are unlikely to contain much fruit and can be high in sugar</p>



What counts as 5 A Day?

For adults a portion is 80g of fruit, or vegetables, which is:

- A large slice of fruit like melon or pineapple
 - 1 medium apple, banana or pear
 - 2 smaller fruits like plums or satsumas
 - 7 strawberries or 20 raspberries
 - 1 handful of grapes
 - 3 heaped tablespoons of peas, beans or pulses
 - 3 heaped tablespoons of veggies like sliced carrots, mixed vegetables or corn
 - 4 heaped tablespoons of cooked green veggies like cabbage and spring greens
 - 2 spears of broccoli or one medium tomato.
- A dessert bowl of salad greens.

Fruit and vegetables that are good sources of iron include dark leaf vegetables, broccoli, dried apricots and raisins, blackcurrants and broad beans.

Fruit and vegetables that are good sources of folate include green leafy vegetables, broccoli, brussels sprouts, peas, asparagus and oranges.



Practice point

Buying fruit and vegetables

Choose fruit and vegetables in season where possible as they will be tastier, cheaper and more likely to be locally grown.

Try growing fruit and vegetables in pots or bags and fresh herbs in window boxes, or in a vegetable patch if you can and encourage residents to join in if able.

Consider buying fair trade if grown aboard.

Practice point

Food hygiene & safety

All fruit and vegetables should be washed before eating, unless if packaged and says pre-washed.

Remember food safety advice when washing and preparing home grown vegetables see Section 6.

Remember some residents may be allergic to some fruits, more common ones are apples, peaches, melon, mango, kiwi, strawberries. Follow the FSA allergen guidance. See later Management of Allergens.

Potatoes, bread, rice, pasta and other starchy carbohydrate

Why is this food group important?

Starchy foods provide a good source, of energy from carbohydrates and are the main source of a range of nutrients including folate B vitamins and iron. They also provide fibre

Food Standard	Best Practice to include these healthy choices	Preparation do's and dont's
<ul style="list-style-type: none"> Starchy foods should, make up about a third of the daily diet: Provide 1-2 portions of foods from this group at every meal and some as snacks As a guide this will be around 6 portions daily Provide a variety each day and include wholegrain and high fibre options Provide bread and bread products with lower salt content Serve correct portion sizes: 1 portion = 1 slice of bread, ½ bagel, 1 crumpet 1 medium sized potato or 2-3 small (egg size) 60g (3 tablespoons) of cooked rice or pasta 60g (3 tablespoons) of breakfast cereal Bran should not be added to cereals or foods as it contains phytates which can bind with important minerals such as calcium, zinc, iron and reduce their absorption 	<p>All types of bread – wholemeal, granary, brown, wheatgerm, white, multigrain, soda bread, potato bread, chapattis, naan bread, rolls, bagels, pitta bread, wraps, tortilla</p> <p>Potatoes or sweet potatoes boiled, mashed, baked or wedges Yam, and other starchy root vegetables note: sweet potatoes can also be counted as a vegetable if served with another starchy carbohydrate such as rice or roast potato</p> <p>Pasta and noodles wholewheat and white</p> <p>Rice brown and white Other grains such as couscous or bulgur wheat, maize (polenta) and cornmeal</p> <p>Porridge oats Breakfast cereals puffed wheat, wheat bisks, crisped rice or flaked wheat. Fortified cereals can be a good source of iron, Vitamin D and folate Do choose bread and bread products with lower salt content – those labelled green (low) or amber (medium) in salt</p>	<p>Do encourage bread and bread products with higher fibre content Higher fibre options include wholemeal breads, breads made with a combination of white and wholemeal flour with or without added fibre</p> <p>Do encourage bread and bread products with lower salt content those labelled green (low) or amber (medium) in salt</p> <p>Brown rice, wholewheat pasta and wholewheat/wholegrain</p> <p>Aim for at least half of breakfast cereals to be higher fibre (i.e. more than 6g/100g) If following a healthier diet choose lower sugar cereals Those labelled green (low) or amber (medium) so less than 22.5g/100g total sugars Do use monounsaturated or polyunsaturated fats in cooking</p>

Practice point

Whole grain and high fibre

Residents should be encouraged to eat more foods that are naturally rich in fibre, but it is important to increase this gradually and ensure fluid intake is also increased.

Constipation is a common problem because of reduced intake of these foods, reduced fluid intakes, being less active, and decreased physiological functions e.g. bowel muscle action and some medications. It is important to try and prevent constipation as it can have a big impact on a person's quality of life and can have lead to further medical problems.

Remember that fruit and vegetables are also good sources of fibre.

How much fibre do we need

The dietary reference value for the population intake of dietary fibre is 30g per day.

This is an example of how it can be achieved in one day's intake.

Meal	Food	Amount of fibre (g)	Total
Breakfast	Bowl of high fibre cereal (such as all bran) with milk, topped with one sliced banana	9.8g	13.5g
	1 slice wholemeal toast w/jam	1.1g	
		2.5g	
Morning Snack	Cup of Coffee/Tea	0	0.5g
	Digestive biscuit	0.5g	
Lunch	Beef, lentil and vegetable stew	2.5g	7.6g
	Wholegrain rice & peas	3.7g	
	Apple Crumble & Custard	1.4g	
Afternoon Snack	Cup of Tea/Coffee		3.2g
	Pear & a piece of fruit cake	3.2g	
Evening meal	Vegetable soup	0.3g	5.3g
	Tuna & sweetcorn & lettuce sandwich with 2 slices of wholemeal bread	4.5g	
	Fruit yoghurt	0.5g	
			Total per day: 30g

Beans, pulses, fish, eggs, meat and other proteins

Why is this food group important?

Foods from this group provide protein, iron and zinc, B vitamins. Oily fish provides omega 3 fats, Vitamin A and Vitamin D

Food Standards	Best Practice to include these healthy choices	Preparation do's and dont's
<ul style="list-style-type: none"> Provide one portion of beans, pulses, fish, eggs, meat or other proteins at least at 2 meals (Breakfast, lunch and/or tea) Note: some residents will require more frequent smaller portions Provide a variety across the week Aim to serve oily fish once a week Serve correct portion sizes: 1 portion = 60-90g (2-3 oz) cooked meat or poultry 120-150g (4-5oz) of cooked fish 2 eggs 90-120g (3-4oz) of cooked pulses, baked beans, dahl 60g (2oz) of raw lentils 60g (2oz) of unsalted nuts or 30g (10oz) of peanut butter Vegetarians serve 2-3 portions of beans, pulses, eggs, or other meat alternative across the day Vegans see section on specific diets 	<p>Beans, pulses: Includes a variety of beans, lentils and peas such as butter beans, kidney beans, chick peas, lentils, processed peas or baked beans</p> <p>Fish: White fish such as cod, haddock, plaice and coley Oily fish such as herring and mackerel, salmon, trout, sardines or pilchards, tinned or fresh. Tinned tuna does not count as an oily fish but is a good source of nutrients</p> <p>Eggs: Boiled, scrambled or poached, or in an omelette</p> <p>Meat and poultry: All types including beef, lamb, pork, chicken and turkey liver and liver pate is a useful source of nutrients but should not be served more than once a week as they contain a lot of Vitamin A and some groups are at risk if consume too much</p> <p>Other proteins: Such as soya mince, textured vegetable protein, quorn™ or tofu</p>	<p>Do encourage tinned pulses with no added salt and sugar Dahl and other dishes made from pulses should be made without adding a lot of oil and salt</p> <p>Make sure fish dishes are free of bones</p> <p>Eggs with the lion mark and are ok to eat soft</p> <p>Do encourage cooking from scratch If using processed food – choose higher quality see later section on buying food</p> <p>Cheese should not be used too often as the main source of protein for a vegetarian diet, make sure there is variety and different flavours and textures</p>

Practice point

Vegetarians should have 2-3 portions of pulses, eggs, meat alternatives per day and ensure variety

e.g. substitute beans, pulses, soya or textured vegetable protein for meat in recipes like bolognese, stews, curries, lasagne and shepherds pie. Make vegetable risotto and nut roasts. It is important not to rely on cheese and eggs as the main vegetarian choices as these won't contain the variety of nutrients needed.

Practice point

Sustainable sources

If you are buying fish (including where it is an ingredient in a product), look for the blue and white logo of the Marine Stewardship Council, which guarantees it is from a sustainable source. Avoid red list or endangered species of farmed or wild fish (Marine Conservation Society 'fish to avoid').

Practice point

Meeting cultural and religious needs

Caterers need to prepare for cultural and food sensitivities and also be aware that some individuals may fast on occasion. See page 30.

Food safety tip

Some people are allergic to tree nuts, peanuts, lupin, fish, crustaceans, mollusc and eggs. The labelling of bought in products will need to be checked carefully for these allergenic foods. See section 5.

Practice Point

Sarcopenia

Ensuring residents have the right amount of protein at meals and snacks is very important for care home residents. Some people over the age of 65 years are likely to have sarcopenia which is a term used to describe the progressive loss of muscle mass and muscle strength. This can lead to a decline in physical health and being less mobile, increasing risk of falls and fractures and physical disability.

Aiming for a 'food first' approach is the first step with a focus on increasing protein and energy intakes. If this is not effective, health care professionals may recommend oral nutritional supplements, in addition.

Where appropriate resistance exercise to improve muscle mass and strength can also be encouraged.

Adequate protein intake will help prevent and treat sarcopenia.

Dairy and alternatives

Why is this food group important?

Foods from this group are a good source of energy, protein, calcium and Vitamin A, Vitamin D

Food Standard	Best Practice to include these healthy choices	Preparation do's and dont's
<ul style="list-style-type: none"> Provide – 3 portions of dairy and alternatives each day from the following: 200ml (⅓ pt) milk 30g (1oz) cheese 150g (1 med. pot) yoghurt 200g (1 large pot/½ can) custard, milk pudding Each item is one portion Provide a choice of whole milk and semi skimmed 	<p>Residents should be able to choose what type of milk they have for drinks and cereals</p> <p>For residents with poor appetite and requiring food fortification whole milk should be used</p> <p>Milky drinks and puddings are important for protein and energy, if not eating well</p> <p>Milky drinks, puddings and sauces are good examples of foods that can be fortified – see fortified foods section</p>	<p>Choose from: Milk, Yoghurts, cheese, cream cheese, fromage frais, milk based puddings and sauces</p> <p>Vegetarian cheese should be used where appropriate</p> <p>Soya products that are fortified with calcium can be used as an alternative to milk for those who are lactose intolerant or vegan</p> <p>Butter and cream are not included in this food group because of their saturated fat content</p>

Food safety tip

Some people are allergic or intolerant to milk and will need to avoid all milk products including yoghurts and cheese.

Vulnerable groups should avoid unpasteurised and soft mould ripened and blue veined cheeses see section 5.

Milk and dairy produce should always be refrigerated between 0 °C – 4 °C.

Oils and spreads

Well and healthy older residents should follow the Eatwell guide for fats and oils and choose lower fat options where possible and if desired. Oils and spread are high in calories and can contribute to excess energy intakes if eaten in large amounts. When cooking try to choose products which are low or medium in saturated fat and higher in unsaturated fats:

- Use monounsaturated (rapeseed or olive oil) or polyunsaturated fats (sunflower or safflower oil) in cooking but try not to fry foods too often. Use fat spreads labelled high in monounsaturates or polyunsaturates or reduced and low fat spreads.

Note: if residents are identified as being at risk of malnutrition they will probably be needing a fortified diet and drinks. Full fat milk and spreads should be used to maximise calorie intake. The monounsaturated or polyunsaturated fats contain as many calories and can still be included in fortified options. See section 2A on fortified foods.

Meal Planning standards

Breakfast is an important meal for older people

It is often difficult to meet all residents needs if waking times are variable, but aim to be flexible to meet individual needs and respect previous patterns of waking.

Food groups	Food and drink standards at breakfast
Potatoes, bread, rice, pasta and other starchy carbohydrates	Provide 1-2 portions of these foods as part of breakfast each day Provide a variety across the week e.g cornflakes, wholegrain toast, porridge Include and encourage wholegrain and high fibre choices Provide correct portion sizes
Fruit and vegetables	Provide a portion of vegetables or fruit at breakfast each day or a glass of fruit juice
Beans, pulses, fish, eggs, meat and other proteins	These foods provide a useful source of iron and zinc and can be provided as part of breakfast, especially if appetite is poor and residents enjoy these foods
Dairy and alternatives	Breakfast can include one of the 3 portions of dairy foods each day – e.g. milk on cereal, porridge, yoghurt or glass of milk
Drinks	It is important to have a drink at breakfast and on waking if appropriate. This can be water, tea, coffee or other drink of choice

Example breakfast

Well resident – Standard	Nutritionally at risk resident – Fortified	Texture modification Level 6 soft and bite sized	Texture modification Level 4 pureed
Porridge made with semi skimmed or whole milk	Porridge made with fortified milk and a handful of raisins. Can also add honey, sugar, fruit, cream	Porridge – texture fully softened Any excess milk or fluid must be drained	Smooth Porridge or instant hot oat cereal
Scrambled egg and toast	Add butter, fortified milk and grated cheese and toast	Add butter, milk (fortified as necessary) and grated cheese no toast	Savoury egg custard

Main meal – this can be served at lunch time or evening meal

Lunchtime may be the main meal of the day for most residents, however residents who eat breakfast later in the morning may be unable to manage a substantial meal a couple of hours later. For them, a lighter lunch and main meal in the evening may allow them to eat much more through the day.

Food groups	Food and drink standards for main meal
Potatoes, bread, rice, pasta and other starchy carbohydrates	<p>Provide 1-2 portions of these foods as part of main meal each day</p> <p>Provide at least 3 different starchy foods as part of main meals each week e.g. pasta, rice, potato</p> <p>Provide correct portion sizes</p>
Fruit and vegetables	<p>Provide a portion of vegetables and/or fruit as part of main meal each day</p> <p>Provide a variety of vegetables and fruit across the week at main meal</p> <p>Provide correct portion sizes (80g is one portion)</p> <p>A glass of fruit juice should be offered to help meet Vitamin C intakes</p> <p>Check product labels if using tinned, choose lower salt, sugar</p>
Beans, pulses, fish, eggs, meat and other proteins	<p>Provide a portion of these foods at main meal each day</p> <p>Provide a variety across the week</p> <p>Provide one main meal each week which uses pulses or a meat alternative as the protein source</p> <p>Provide oily fish once a week</p>
Dairy and alternatives	<p>The main meal can include one of the three portions of dairy foods each day – one of these can be part of lunch e.g a milk based pudding</p>
Drinks	<p>It is important to have a drink of choice with main meals</p>

*processed meat or fish products include crumb coated chicken products, sausages, burgers, pies and tinned meats, fish bites. Processed meat alternatives include vegetarian sausages, burgers and pies see page 24.

Example main meal

Well resident – Standard	Nutritionally at risk resident – Fortified	Texture modification Level 6 soft and bite sized	Texture modification Level 4 pureed
<p>Oven baked cod fillet</p> <p>A few boiled potatoes and parsley sauce</p> <p>Peas</p>	<p>Cod fillet fried in vegetable oil with parsley sauce</p> <p>Mashed potato made with fortified milk, butter and grated cheese</p> <p>Peas with a knob of butter</p>	<p>Soft enough cooked fish to break into small pieces with fork, spoon or chopsticks</p> <p>No bigger than 1.5 cm x 1.5 cm pieces</p> <p>No bones</p> <p>Mashed potato and grated cheese and butter in soft lumps of 1.5 cm x 1.5 cm</p>	<p>Cook fish before pureeing, make sure no gristle and bones. Puree needs to be thick and smooth with no lumps. Add parsley sauce as you puree to help achieve the correct consistency</p>

Lighter meal – this can be served at tea time or lunch

Food groups	Food and Drink standards for lighter meal
Potatoes, bread, rice, pasta and other starchy carbohydrates	<p>Provide 1-2 portions of these foods as part of lighter meal each day</p> <p>Provide at least 3 different starchy foods as part of teas each week e.g. pasta, rice, potato</p> <p>Avoid flavoured dried rice, pasta and noodle products e.g. packets of instant flavoured noodles, pasta, rice as these are not very nutritious and can contain high levels of salt</p> <p>Provide correct portion sizes</p>
Fruit and vegetables	<p>Provide a portion of vegetables and/or fruit as part of tea each day</p> <p>Provide a variety of vegetables and fruit across the week</p> <p>Check product labels if using tinned, choose lower salt, sugar</p>
Beans, pulses, fish, eggs, meat and other proteins	<p>Provide a portion of these foods each day</p> <p>Provide a variety across the week</p> <p>Provide oily fish once a week</p> <p>If using processed products choose good quality</p>
Dairy and alternatives	<p>Lighter meal can include one of the three portions of dairy foods each day – one of these can be part of tea e.g a milk based pudding</p>
Drinks	<p>It is important to have a drink of choice with lighter meals</p>

Example lighter meal

Well resident – Standard	Nutritionally at risk resident – Fortified	Texture modification Level 6 soft and bite sized	Texture modification Level 4 pureed
¼ tin of baked beans on 1 slice of toast	¼ tin of baked beans on 1 slice of toast with butter thickly spread and grated cheddar cheese	¼ tin of baked beans with mashed potato and grated cheese and butter in soft lumps of 1.5 cm x 1.5 cm	¼ tin of baked beans and grated cheese Pureed thick and smooth mashed potato with butter

Catering for a resident who is vegetarian

This should not be treated as a special diet. Vegetarian meals and snacks are suitable for all residents and you can include at least one meal a week on the main menu based on a suitable meat alternative, if all residents are happy with this.

There are different types of vegetarian diets, so always check what your resident will eat and document it clearly. When people say they are vegetarian they may mean different things about what they do and don't eat. Also they may say they don't eat meat because they are not able to chew it, so always check the reasons.

Generally

- Lacto-ovo vegetarian – eat dairy products and eggs, do not eat red meat, offal, poultry, and fish.
- Lacto-vegetarian – will eat milk containing foods but not eggs. Do not eat meat, offal, poultry, fish and eggs.
- Vegans – all animal products are avoided, including milk and honey.

Follow the food standards and guidance to provide a variety of vegetarian choices to ensure the nutritional needs of your residents requiring a vegetarian diet are met.

Remember:

- choose alternative sources of protein to meat and fish such as beans or pulses, soya, tofu, Quorn™ to provide protein, iron and zinc
- other sources of iron and zinc containing foods to include are fortified breakfast cereals, bread, especially wholemeal, green leafy vegetables and dried fruit
- fruit and vegetables should be included, as they are rich in vitamin C, which helps to absorb iron from non meat sources in the body
- ensure an adequate calcium intake by offering milk, vegetarian cheese, and yoghurt on the menu
- if cheese is served at the main course at lunchtime include a protein containing iron at the other main meal, for example beans, lentils or eggs.

There are a range of good vegetarian choices include in the example menus and recipes.

For residents who follow a vegan diet – see catering for cultural, philosophical and religious needs.

For non vegetarians

Pulses can also be used to replace some of the meat or fish in dishes such as casseroles or curries to increase fibre and nutrients.

More information on specific nutrients and their importance for older people

Micronutrients	Impact	Diet and foods
Iron	Iron is essential for health as it helps carry oxygen around in the blood. Older people can get anaemic if they don't have enough iron and feel tired, weak and dizzy, with pale skin	Red meat, such as beef, lamb, pork, liver, and some oily canned fish Green leafy vegetables Pulses, beans, nuts and wholemeal bread, fortified breakfast cereals Tip: eating foods rich in vitamin C with iron containing plant foods helps to improve absorption so it's good to have a glass of orange juice with breakfast
Zinc	Zinc is an important mineral for wound healing	A balanced diet should contain enough zinc but if appetite is poor try and increase green vegetables, cereals, dairy foods and red meat
All B Vitamins	Lack of B vitamins can lead to tiredness and feeling depressed or irritable	Foods fortified with B Vitamins e.g breakfast cereals, are a good source, also meat, fish, eggs and dairy
Folate	Increased chance of feeling depressed, particularly important in older people	Folate is found in liver, green vegetables, oranges and other citrus fruits, beans and fortified foods such as yeast extract (marmite) and fortified breakfast cereals
Vitamin D	Vitamin D is essential for healthy bones as it helps the body to absorb Calcium We get most of our Vitamin D from the effect of summer sunlight on our skin But older people typically go out of doors less than younger age groups and their skin is less efficient at producing vitamin D from sunlight	Encourage residents to be outside as often as possible and in sunny weather Good diet sources are eggs, oily fish, some fortified breakfast cereals and fortified spreads There are specific recommendations for vitamin D supplements for older people see practice point below

Practice point

Vitamin D

New government recommendations for Vitamin D.

It is recommended that all adults over the age of 65 take a supplement containing 10 micrograms of vitamin D daily and regularly eat foods containing vitamin D (e.g. oily fish and fortified breakfast cereals).

Micronutrients	Impact	Diet and foods
Calcium	<p>Osteoporosis or brittle bone disease is a problem in older people especially women. Adequate calcium intake and regular weight bearing activity such as walking, dancing, climbing stairs, throughout our life is important to help prevent it</p> <p>People diagnosed with osteoporosis may be prescribed calcium and Vitamin D supplements</p>	<p>Milk and dairy products are the best sources of calcium</p> <p>Calcium is also found in canned fish with bones e.g. sardines and pilchards, green leafy vegetables such as broccoli and cabbage, soya beans and tofu</p>
Selenium	<p>May increase the incidence of feeling depressed and other negative mood states</p>	<p>Brazil nuts, meat, fish, seeds and wholemeal bread</p>
Salt	<p>Too much salt can cause high blood pressure which increase the risk of heart disease and stroke</p> <p>Its important to limit the amount of salt</p> <p>Most of our salt comes from processed food like bacon, cheese, pies, pizza, crisps ready made meals so it is better to cook from scratch to be able to limit the amount of salt used in cooking</p> <ul style="list-style-type: none"> • Not adding salt to cooking • Not using packet soups, stock cubes, packet sauces • Limiting the use of processed foods • Cooking from scratch • Checking labels and choose low salt products • Enable resident to choose if they want to add salt at the table to taste. <p>Food labelling, flavour enhancers are often used to bring out the flavour in foods, but can be high in sodium – e.g monosodium glutamate (MSG E621)</p>	<p>What to use instead:</p> <p>Flavour with herbs and spices</p> <p>Fresh vegetables or frozen will not contain added salt</p> <p>If you do buy tinned vegetables get them without added salt</p> <p>Do the same with tinned pulses</p> <p>Make sauces using ripe tomatoes and garlic</p> <p>Cooking with less salt and allowing residents to add to their own taste will also help to make meals appealing to the most amount of people</p>

Macronutrients	Impact	Diet and foods
Protein	Adequate protein intake will help prevent and treat sarcopenia, which is the progressive loss of muscle mass and muscle strength. This can lead to a decline in physical health and being less mobile, increasing risk of falls and fractures and physical disability	For well adults a minimum 55g protein per day A range of 55-90g protein per day will cover the majority of resident's requirements Provide one portion of beans, pulses, fish, eggs, meat or other proteins at least at 2 meals
Fats Omega 3 Fatty Acids	These type of fats are important to help prevent coronary heart disease or stroke	Recommended to eat 2 portions of fish per week one of which should be oily fish e.g. mackerel, salmon, sardines, pilchards
Other fats	Plant based (Polyunsaturated) fats are encouraged rather than animal fats (saturated) but individual choice and preference is important	Polyunsaturated fats such as sunflower or corn oil and monounsaturated fats such as rapeseed and olive oil should be encouraged, rather than butter, lard, suet

<p>Sugar</p>	<p>Sugar intakes from food and drinks can impact on oral health of older people but may also be a source of energy for those with poor appetites so care needs to be taken</p> <p>Residents who need a modified diet with increased nourishing drinks and potentially more sugar in their diet through use of nutrition supplements, sugary foods or medication will need extra care for their oral health. Poor oral care can result in gum disease, tooth decay and tooth loss which will have a big impact on ability to eat and enjoy food</p> <p>Many residents will have poor oral health when they move to a care home or have complex needs that require a lot of support to do daily tasks such as brushing teeth</p> <p>Effective oral health and mouth care helps us all to maintain health wellbeing and dignity and is essential for enjoyment of food and meals. It is therefore even more important for those who are more vulnerable to have regular assessment of their oral health and hygiene</p>	<p>Well older people who are a healthy weight and at no risk of malnutrition can have moderate amounts of sugar in their diet, if it is their choice and preference</p> <p>Residents requiring modified diets and in particular fortified diets require additional foods and/or drink that may have higher sugar contents</p> <p>Residents with dementia may have preference for sweeter foods and it will be important to offer food and drinks containing more sugar if they are not eating well</p> <p>See section on mental health and diet for more information</p> <p>See also advice for people with diabetes.</p>
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Practice point

Oral health

Gwên am Byth is an all Wales programme to help you to provide consistent high quality oral hygiene and mouth care for your residents. This can make a significant contribution to residents' general health and wellbeing and quality of life, and ensure they can continue to enjoy their food and eating.

For more information on Gwên am Byth please see:

<https://www.nice.org.uk/guidance/QS151>

<http://www.wales.nhs.uk/improvingoralhealthforolderpeoplelivingincarehomesinwales>

Food labelling and buying healthier products

Processed foods aren't just microwave meals and other ready meals.

Basic processing does not alter the food for example, frozen or tinned vegetables can be as good as fresh. However, salt, sugar and fat are often added to processed foods to make their flavour more appealing and to extend their shelf life. Generally reducing the processed foods we eat is recommended. Reading food labels can help you keep a check on fat, sugar and salt content. Most pre-packed foods have the nutrition information on the front, back or side of the packaging.

More food companies are now using the traffic light labelling of red, amber and green to tell you if a food is high or low in fat, saturated fat, salt or sugar.

When choosing between similar products, try to go for more greens and ambers, and fewer reds, to make a healthier choice. But remember for residents who require more energy in smaller portions or are on a fortified diet, this does not apply.

Figure 4: How do I know if a food is high in fat, saturated fat, sugar or salt?

Using food labels to identify baked beans lower in salt and sugar

	LOW per 100g Less than...	MEDIUM per 100g	HIGH per 100g More than...
Fat	3g	3g - 17.5g	17.5g
Saturates	1.5g	1.5g - 5g	5g
Sugars	5g	5g - 22.5g	22.5g
Salt	0.3g	0.3g - 1.5g	1.5g

Brand 2 baked beans contain less sugar and less salt than brand 1, and are therefore a better choice than brand 1.

Baked beans – brand 1	
Nutritional information	
Typical values	Per 100g
Energy	355kJ 84 kcal
Fat	0.6g
of which saturates	0.1g
Carbohydrate	15.3g
of which sugars	5.9g
Fibre	3.7g
Protein	5.2g
Salt	1.3g



Baked beans – brand 2	
Nutritional information	
Typical values	Per 100g
Energy	311kJ 73 kcal
Fat	0.6g
of which saturates	0.1g
Carbohydrate	12.5g
of which sugars	2.8g
Fibre	3.8g
Protein	5.4g
Salt	0.8g

How to choose better quality processed foods e.g. processed meat and fish products

Processed meat or fish products include crumb coated chicken products, sausages, burgers, pies and tinned meats, fish bites. Processed meat alternatives include vegetarian varieties of sausages, burgers and pies.

From the Food labels, look at:

Ingredients: here you will find the meat content of the product. This will be given as a percentage for example: Pork (42%), Cod (fish) (64%). Ingredients are listed in weight order, when purchasing processed meat and fish products aim to choose products with the highest meat or fish percentage (this may vary greatly between products for example meat pies and burgers).

Nutritional Labelling: Nutritional information is normally given per 100g of the product, it sometimes appears per portion. When preparing foods for older people, particular consideration should be given to the salt and protein content of the foods. The salt content can be determined using the traffic light system, aim for green (low) or amber (medium) products. The traffic light system does not specify high, medium or low protein content of foods. Older people should have between 55-90g of protein per day with the main meal contributing at least 18g of this. For meat based products, the higher the meat content the greater the protein content.

Example 1

Sausage brand 1

Ingredients: Water, Pork (32%), fortified Wheat Flour...etc

Nutritional Label:

Typical Values	(grilled) per 100g
Energy KJ	914
Energy kcal	219
Fat	14g
Of which saturates	5.2g
Carbohydrate	14g
Of which sugars	1.4g
Protein	9.6g
Salt	1.1g

Sausage brand 2

Ingredients: Pork (72%), Water, Wheat Flour...etc

Nutritional Label:

Typical Values	(grilled) per 100g
Energy KJ	809
Energy kcal	193
Fat	9.4g
Of which saturates	3.4g
Carbohydrate	7.5g
Of which sugars	2.4g
Protein	18.9
Salt	1.3

Example 2

Breaded fish brand 1

Ingredients: Alaska Pollock (fish) (49%), Breadcrumbs coating, Rapeseed oil...etc

Nutritional Label:

Typical Values	(grilled) per 100g
Energy KJ	935
Energy kcal	229
Fat	7.6g
Of which saturates	0.6g
Carbohydrate	26.0g
Of which sugars	1.0g
Protein	12.0g
Salt	0.98g

Breaded fish brand 2

Ingredients: Cod (fish) (80%), Wheat flour, Rapeseed Oil...etc

Nutritional Label:

Typical Values	(grilled) per 100g
Energy KJ	629
Energy kcal	150
Fat	5.4g
Of which saturates	0.4g
Carbohydrate	9.5g
Of which sugars	0.5g
Protein	15.3g
Salt	0.4g



Practice point

Better quality processed meats

When buying better quality processed meats consider the following:

- Look at ingredient lists and choose those meats with the highest percentage meat content.
- Using the front of pack label choose products showing green or amber (low or medium) levels of salt.
- Be aware of the protein content which is shown on the nutritional label on the back or side of packets. Aim for foods with higher protein contents to help meet the 55-90g per day protein target.
- Be aware of saturated fat, this is usually displayed using the traffic light system. Aim for green or amber (low or medium) levels of saturated fat.

Practice point

Savvy shopping

When buying food consider the following:

- Pasta, rice and bread are economical; as are eggs, pulses and tinned fish. Lean meat is often better value than cheaper fattier varieties.
- The ingredient list on food labels starts with the main ingredient and is in weight order. Nutrition labels are often displayed as a panel or grid on the packaging, but may sometimes appear simply as text.
- Compare foods and choose those that are lower in salt or sugar for standard diets.
- Nutrition information is normally given per 100 grams (100g) of the product, and sometimes per portion (such as 'one slice'), for an average adult.
- Sugar may appear on labels under different names: sucrose, maltose, lactose, dextrose, fructose, glucose, glucose syrup, xylitol, sorbitol, mannitol raw sugar, brown sugar, molasses, and honey.
- Value staple foods are often no different to premium brands e.g. dried pasta, rice, tinned tomatoes, they may also contain less salt and sugar.
- Special discounts are often on less healthier products so don't be tempted to buy these.
- However if you have storage, buying in bulk can be more cost effective such as for tinned and frozen products.

Care needs to be taken not to rely too much on 'easy' convenience foods as they may not contain many essential nutrients e.g.

- savoury snacks, such as crisps, sausage rolls, pies and pasties
- meat products, such as bacon, sausage, ham, salami and paté
- cakes and biscuits
- drinks such as sugary soft drinks

- "convenience foods", such as microwave meals or ready meals unless able to determine that they are well balanced.

Getting a balance between 'value for money' and providing 'quality' food can be a challenge. Cooking from scratch helps you to have more control on what you put into food and meals, helps you to meet the range of needs as well as being more economical. This will also enable you to fortify foods more easily if you need to cater for a range of needs.

Sustainable food in care home settings

Care home settings can play a key part in the well being of future generations in Wales, and contribute to doing things differently for our future generation by providing more sustainable food as an important aspect of encouraging better food for all.

Sustainable food is about food culture and how decisions made about growing, buying, storing, cooking and wasting food today will impact future generations.

Here are some ideas that you can consider to make small changes and be able to offer more sustainable food:

- Use local and in-season ingredients when possible.
- Ensure meat, dairy products and eggs are produced within high animal welfare standards. Look out for the following quality assurance standard logo's:

- If you are buying fish (including where it is an ingredient in a product), look for the blue and white logo of the Marine Stewardship Council, which guarantees it is from a sustainable source. Avoid red list or endangered species of farmed or wild fish (Marine Conservation Society 'fish to avoid').
- Provide facilities for recycling.
- Menu planning can be used to reduce the use of those ingredients with a high environmental impact and will also reduce food waste.
- Use local suppliers where possible and try to cook as much of the food on site.

Putting it together

Use the action plan templates from Section 7 to help ensure your menus are planned to meet all requirements.





Food service – best practice:

“Meals and refreshments should be delivered in an environment that meets the needs of each individual resident, and allow flexibility of timings and be sensitive to specific care needs and preferences.”

- 1 The food should be presented well and palatable, this is particularly important for modified texture meals.
- 2 **Food choices:** Food is more likely to be eaten and nutritional requirements more likely to be met when residents are given the opportunity to choose their own food near to the time of service as possible.
- 3 The immediate environment should be prepared in order for residents to be able to enjoy their food in a dignified manner, with the appropriate level of support as required.
- 4 Consideration should be given to washing hands, positioning, dental needs and any special aids required.
- 5 Visiting relatives should be encouraged to help at mealtimes as appropriate.
- 6 Portion sizes should be offered for all main meals to meet the range of appetites, energy and nutrient requirements.
- 7 Residents should not miss meals and if they do they should have an alternative provided.
- 8 Main meals should be available every 4 to 5 hours during the day. The maximum period between the last main meal at night and the following breakfast should not exceed 12 hours.
- 9 Assistance to eat and the appropriate level of support must be given to all those who require it.
- 10 All staff involved in serving food to residents should be trained in food hygiene and safety and how to serve.

For more information on supporting residents at meal times – **See section 4 Encouraging residents to eat well**

For more information of food hygiene and safety **See section 5**

Practice point

Training on food and nutrition for older people care is available for care home staff from dietitians in health boards

1 day accredited courses are offered through the ‘Nutrition Skills for Life’ programme across Wales:

- Improving food and nutrition care.
- Food and nutrition skills for those providing care.

Other more bespoke session on specific aspects of nutrition care such as MUST screening, food fortification, Food First approaches may also be offered.

For more information, contact your local health board dietitian department or see

<https://www.publichealthnetwork.cymru/en/topics/nutrition/nutrition-skills/>

Catering for the range of needs and special dietary requirements

Provision for cultural, philosophical and religious needs

Wales has a diverse population with a wide range of religious beliefs and this will be reflected in you care home residents. It is essential for care homes to recognise, respect and cater for different religious, philosophical, and cultural needs. Dietary practices between and within different faiths can be diverse and it is important not to make assumptions. This may include for example the provision of halal and kosher food as appropriate.

Care homes can utilise the range of cultural aspects in theme days and events to share periods of celebration and social activities.

Some cultures have periods of fasting, which may mean foods eaten may be different during fasting periods and need to be respected. Many of these cultures accept that people who are unwell may not fast, however this is an individual choice.

Specific dietary requirements is different from likes and dislikes although attempts should be made to accommodate all preferences and needs.

Provision for special diets for medical reasons (diabetes, coeliac disease, allergies, weight management).

Obtaining information about a resident's special dietary requirements in addition to general likes and dislikes will help care home providers demonstrate compliance with regulations under the Regulation and Inspection of Social Care (Wales) Act 2016, specifically Regulation 21. This requires care providers to ensure that care and support is provided in accordance with the individual's personal plan. **See Section 1 for regulations.**



Table 1: Cultural, philosophical and religious considerations

A guide to food choices commonly observed by different religions and cultures

	Jewish	Sikh	Muslim	Hindu¹	Buddhist	Rastafarian²	Vegan
Eggs	No Blood-spots	Yes	Yes	It varies	It varies	It varies	No
Milk/Yogurt	Not with meat	Yes	Yes	Yes	Yes	It varies	Calcium fortified from plant source only
Cheese	Not with meat	Yes	It varies	Yes	Yes	It varies	Vegan cheese only
Chicken	Kosher	It varies	Halal	It varies	No	It varies	No
Lamb/Mutton	Kosher	It varies	Halal	It varies	No	It varies	No
Beef/beef products	Kosher	No	Halal	No	No	It varies	No
Pork/pork products	No	Rarely	No	Rarely	No	No	No
Fish	With scales, fins and back bone	It varies	It varies	With fins and scales	It varies	Yes	No
Shellfish	No	It varies	It varies	It varies	No	No	No
Butter/Ghee	Kosher	Yes	Yes	Yes	No	It varies	No Vegan spreads such as nut spreads
Lard	No	No	No	No	No	No	No
Cereal foods	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Nuts/Pulses	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Fruit/Vegetables³	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Fasting⁴	Yes	Yes	Yes	Yes	Yes	Yes	No

¹ Strict Hindus and Sikhs will not eat eggs, meat, fish and some fats² Some Rastafarians are vegan³ Jains have restrictions on some vegetable foods. Check with the individuals⁴ Fasting is unlikely to apply to young children

Vegan diets

Vegans do not eat any foods of animal origin. This includes meat, fish and dairy foods, and also honey. Vegan diets may be low in a number of nutrients such as energy, protein, vitamins B2 and B12, calcium, zinc and iron.

These diets need careful planning and vitamin supplements may be necessary to complement the menu. The Vegan Society recommends that vegans take supplements of Vitamin B12, Vitamin D and calcium.

When preparing vegetarian or vegan meals it is important that food provided is not compromised in any way. For example, picking meat out of a dish already cooked is not appropriate. The vegetarian/vegan dish should be prepared first and the meat added later for other residents if feasible.

Talk to residents and/or their families to devise a suitable menu including foods they are familiar with at home, and which particular foods are to be avoided e.g. gelatine and rennet. You may need to seek advice from a dietitian.

Also, if your resident suffers from dementia and has less capacity to recall their usual food intakes, ensure you are able to find out if they identify themselves as a vegetarian or vegan, to avoid mistakes. Use the 'This is me' resource from the Alzheimer's society.

For more information use these websites:
<https://www.vegansociety.com/>
https://vegetarianforlife.org.uk/files/Dietary_diversity_guide.pdf
<https://www.alzheimers.org.uk> 'This is me'

Provision of special diets for medical reasons

A special diet is one that cannot be selected freely from the menu choices available.

Care homes and their caterers should work closely with residents and their relatives to support residents with dietary requirements for medical reasons. It is important that requests for special diets including diets for food allergies are handled sensitively and appropriately, and is included as part of the food and drink policy describing how these are managed, and the procedure that is followed.

The range of diets can include:

- food modified to a safe texture for a residents required needs (see section 2C on IDDSI)
- modified diet for diabetes and or weight management
- allergen free: e.g nut-free or milk-free diets
- Gluten free diets for Coeliac disease.

The resident and/or family should have all the necessary dietary information from home or via discharge information if coming from a hospital. If the resident has recently been advised a special diet for a medical reason, a Dietitian may be in contact with the care home setting directly or a dietitian may already be involved in their care.

Be familiar with any local policy for special diet referral or advice. **See also the sample procedure for managing request for a special diet in Section 7.**

Food allergies and intolerances

Food allergy and food intolerance are different.

Food allergy involves the immune system and is a response to specific proteins found in foods, and can occur after a trace of the allergic food is eaten. Reactions are usually immediate and symptoms are wide ranging and may include diarrhoea, swelling of the lips, tongue or throat. The most severe reaction can result in anaphylaxis (a severe and potentially life threatening reaction).

Food intolerances do not involve the immune system and tend to occur more slowly and symptoms may depend on the amount of food that has been eaten.

For confirmed food allergies there should be a protocol in place which is accessible to all staff, to ensure everyone is aware of individual residents allergies and symptoms.

Providing food allergen information

Understanding which allergens are present in every meal and snack you provide is an important step in providing food which is safe for residents with food allergies and intolerances. Since 2014, all food businesses, including care home providers have been required by law (EU Food Information for Consumer Regulations), (FIC), to give details about the allergens in the food they provide.

Food businesses which provide non-pre-packed (loose) food are obliged to declare information on any of the 14 allergenic ingredients used in food provided. This can

be achieved in a variety of possible ways for example in writing such as on menus, chalkboards, etc or, through verbal communication. This applies to care home providers.

The allergen information needs to be accurately conveyed and backed up by a system that can be checked and verified by others such as your food safety officer, additionally, businesses need to consider the “duty of care” in this respect, and ensure they have taken, and put in place, measures to avoid any incidents in relation to the area of allergens.

There are 14 allergens covered by this requirement:



Note: types of nuts include: almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts, pistachio nuts, macadamia

It is important to remember that residents may have allergies to foods and ingredients not covered by this list. These will not be highlighted in bold on product ingredients lists. The same policy and procedure should be followed where a resident has an allergy to a food not included on this list, to ensure appropriate and safe meals and snacks are provided for them:

The Food Standards Agency has published guidance for catering establishments (this includes institutional caterers), in relation

to allergens and procedural issues. Advice is provided for those who are catering for residents and is relevant to Care Homes.

Guidance for food preparation and catering for food allergens is found in Section 5.

<https://www.food.gov.uk/sites/default/files/media/document/sfbb-caterers-pack.pdf>

<https://www.food.gov.uk/business-guidance/safer-food-better-business-supplement-for-residential-care-homes>

Diabetes

You may have a number of residents with Type 2 diabetes that will be managed by diet alone, or diet and medication.

Residents with Type 1 Diabetes will have insulin injections.

The healthy balanced diet as outlined in the eatwell guide for the general population is also recommended for the dietary management of a number of medical conditions, such as

- patients with Type 1 or Type 2 diabetes;
- patients with dyslipidaemia and cardiovascular risk;
- patients who are managing their weight;
- patients with hypertension;
- patients suffering from constipation or irregular bowel movements.

For residents with diabetes, practical food guidance for meals is the same as for the well older person:

- aim to have 3 regular meals a day spaced over the day to help control blood sugar levels
- at each meal have a starchy carbohydrate food
- higher fibre choices should be encouraged
- limit sugar and sugary foods
- if they have any specific individual requirements and have seen a dietitian then this information will be provided.

Items that should be available and can be provided by the main menu:

- Snacks – Fruit, plain or fruit scones, plain biscuits.
- Desserts – Tinned fruit in natural juice, fresh fruit, stewed fruit (no added sugar), diet yoghurt, milk puddings, sugar free jelly.

- Drinks – water, sugar free fizzy drinks and squashes, tea and coffee without sugar and sweetener if chosen, pure unsweetened fruit juice (1 glass with a meal).
- Diabetic food and drinks are not recommended – they have no benefit.
- Regular review of medication and/or insulin should be provided to enable any adjustment to dietary advice, if needed.
- People receiving mixed insulin must have a supper snack to prevent overnight hypoglycaemia (low blood sugar).
- People with consistently low or high blood sugar should be referred to the diabetes specialist nurse/dietitian/GP/district nurse.

For further information on diet and diabetes see Diabetes UK in reference list.

Note: preventing hypos and emergency admission.

Residents with diabetes who take medication or insulin to control their blood sugar may have “hypos” when their blood sugar falls too low. If this is severe they may need emergency admission to hospital, so care needs to be taken to prevent this from happening.

This can happen if they have a poor appetite and eat less or miss meals, or have sickness. It is important to monitor food intake carefully in a resident who has diabetes, and if this happens seek advice.

<https://www.diabetes.org.uk/Guide-to-diabetes/Complications/Hypos>

There are a number of resources available from Diabetes UK on the care of people in care homes with diabetes or refer to any local guidance.

<https://www.diabetes.org.uk/professionals/resources/shared-practice/diabetes-care-in-care-homes>

Practice point

Residents with diabetes who are also at risk of malnutrition will need careful monitoring. The advice is to follow normal food fortification and supplementation. See Section 2A . Regular blood glucose monitoring is also advisable.

Obesity

It can be very difficult to support residents to lose weight in a care home setting especially if less mobile. Empathy and understanding are key and raising the issue sensitively and explaining the benefits of some weight loss can help.

Regular physical activity (dependant on ability) combined with modest reduction in calories can help to either maintain weight or achieve small weight loss. Specific care adaptations may also be needed, e.g. larger chair, hoist.

It is important to address obesity as it can have a big impact on a person's quality of life and their health, as it increases the risk of pressure sores, diabetes and heart disease. Following healthy eating guidance in the Eatwell guide particularly for snacks and drinks will help.

Food record charts may help to identify potential changes which can be discussed with the resident to encourage healthier eating habits. Referral to health professionals may be necessary.

See also tips in the menu and recipe section.

Coeliac disease

If a resident has a diagnosis of coeliac disease they need to follow a gluten-free diet. Gluten is the protein found in wheat, rye and barley and therefore all foods which contain these cereals must be avoided. People with coeliac disease may be able to tolerate oats, but always check. There are a good variety of gluten-free foods available and advice on foods to choose and avoid can be given by a dietitian. Coeliac UK also provides help and advice as well as booklets outlining gluten-free foods.

Advice on catering is provided in the menu and recipe section.

Medicines and food

This section is aimed at nursing staff and trained care workers who are able to give medicines but will be of interest to all care staff.

The consequences of drug interactions with food and drinks may include delayed, decreased or enhanced absorption of a medication.

Grapefruit Juice

Residents taking “statins” should not have grapefruit in their diet.

Residents taking quetiapine, sertraline, tricyclic antidepressants, some benzodiazepines, phosphodiesterase inhibitors (such as sildenafil) and calcium channel blockers (such as amlodipine) should not have grapefruit in their diet.

One of the best known food-drug interactions is between grapefruit juice and “Statins” (HMG-CoA reductase inhibitors). Grapefruit juice, in large quantities, can inhibit one of the liver enzymes (enzyme cytochrome P450 3A4), which can increase blood levels of drugs metabolised by this pathway.

This interaction occurs with all sources of grapefruit (the fruit itself, freshly squeezed juice or juice from concentrate). It can also occur with certain related citrus fruit, such as Seville oranges, limes and pomelos.

A single fruit or glass of juice has sufficient potency to cause a pharmacokinetic interaction, and this may occur for up to 3 days after ingestion.

There are other drugs which have the same interaction. These include quetiapine, sertraline, tricyclic antidepressants, some benzodiazepines, phosphodiesterase inhibitors (such as sildenafil) and calcium channel blockers (such as amlodipine).

A full list of interacting medication can be found in the British National Formulary.

Dairy Products (Calcium)

Residents prescribed certain antibiotics may need to avoid dairy products.

Calcium ions in dairy products bind with many drugs, which may reduce their absorption.

Drugs that are affected by this interaction include fluoroquinolone antibiotics (such as ciprofloxacin), tetracyclines, methotrexate and bisphosphonates.

Fibre

Similar to calcium, fibre works to bind drugs, resulting in reduced concentrations. Drugs which are affected by this interaction include metformin, levothyroxine, digoxin and phenoxymethylpenicillin.

Cheese, marmite, red wine (Tyramine-Containing Foods)

Tyramine is a chemical found in food and beverages such as cheese, Marmite and red wine. It has a significant interaction with monoamine oxidase inhibitors (MAOI's) such as phenelzine, tranylcypramine and isocarboxazid. Other drugs showing this interaction include isoniazid and linezolid.

Moclobemide is a reversible MAO-type A inhibitor. It is less likely to cause a problem than the older non-reversible drugs, but patients should still be advised to avoid consuming large amounts of tyramine-rich foods.

Leafy green vegetables – Foods high in Vitamin K

These are important if someone is on Warfarin. Consistency is the key with warfarin and INR control.

The most well-known food-drug interaction with warfarin occurs with “leafy green vegetables” due to their rich Vitamin K content.

Warfarin interferes with the synthesis of Vitamin K-derived clotting factors. Increasing Vitamin K intake will result in more clotting factors, reducing the efficacy of warfarin. If patients remain consistent with their intake of Vitamin K, the interaction is not substantial.

Cranberries can significantly increase INR and potentiate the anticoagulant effect of warfarin.

Liquorice

Liquorice (glycyrrhizic acid) causes sodium and water retention which, together with loss of magnesium and potassium, increases the risk of toxic effects of digoxin. Patients taking digoxin should be advised to report signs of toxicity, such as nausea and vomiting, diarrhoea, loss of appetite, visual disturbances and palpitations.

Consumption of liquorice should also be avoided or limited in patients with high blood pressure, heart failure and kidney disease.

Medicines and herbal and dietary remedies

Herbal remedies such as Echinacea and St John's Wort can also impact on how medicines work.

These types of supplements are increasingly popular, and include:

- St John's Wort – used in an attempt to improve mood
- Ginkgo – used in an attempt to boost energy
- Echinacea – used in an attempt to strengthen the immune system
- Flaxseed
- Vohimbe.

The main medicines effected are Warfarin, Insulin and Aspirin

The UK market for herbal and dietary supplements continues to grow, with many people mistakenly viewing them as “natural” and therefore harmless.

Anyone taking conventional medication is advised to speak to their GP or pharmacist before using an herbal or dietary supplement.

Practice point

Residents and/or their families could be asked if they are taking any herbal and dietary supplements on admission as well as their with intakes of conventional medicine.

References

1. Well-being of future generations (Wales) act 2015

<https://futuregenerations.wales/about-us/future-generations-act/>

2. Evidenced based nutrition guidelines for the prevention and management of diabetes

<https://www.diabetes.org.uk/professionals/position-statements-reports/food-nutrition-lifestyle/evidence-based-nutrition-guidelines-for-the-prevention-and-management-of-diabetes>

Additional sections:

2A Eating and drinking well using Food First approaches

2B Eating and drinking well with mental health conditions

2C Eating and drinking well using Texture Modification and IDDSI

Section 2A

Eating and drinking well using Food First approaches

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What is 'Food First' and Food Fortification?

Finding out your residents' likes and dislikes is key to ensuring that the range of meal choices cater for everyone's needs as far as possible.

If residents are unable to take their meals in full they may require smaller portions of meals more often, together with nourishing drinks and snacks, and may also need to have their food and drinks fortified.

Adopting a 'food first' approach in care homes is the best way to encourage increased food and drink intake and ensures the individual needs of residents are taken into account. It also reduces reliance on nutritional supplements. These simple dietary adjustments can significantly increase the calorie and protein intakes throughout the day.

The need to adapt meal portions or fortify food may happen as a result of a resident:

- identified as being nutritionally at risk using the 'MUST' tool
- losing weight unintentionally
- experiencing continued poor appetite, either not finishing meals or missing meals
- needing a change in texture because of a health condition.

When appetite is poor it is even more important to:

- eat little and often – this may mean 3 small meals and 3 snacks in between
- make the most of when a resident's appetite is at their best
- boost appetites by making food look attractive and use smaller plates
- encourage eating slowly, chewing well and relaxing after eating
- gentle exercise, if able to can help to increase appetite
- alcohol in small amounts can stimulate appetite – check with each resident if this is acceptable and if on any medications, confirm if it is suitable before offering.



Food Fortification approaches

Fortified recipes or drinks have food ingredients added to increase the energy and/or protein content without increasing the portion size. This is used specifically for residents that are at nutritional risk. For example extra skimmed milk powder can be added to soups and puddings, additional fat spread added to vegetables, grated cheese added to mashed potato.

Smaller portions of higher energy and full fat food items and snacks can also be used for residents with smaller appetites.

Start with good 'food first' ideas for making the most of the food:

- Eat little and often
- Use fortified milk
- Enrich the food.

The recipe section contains groups of recipes for breakfast, main meals, snacks, desserts and drinks. Each of these groups contain standard and fortified recipes. Standard recipes are for residents who have a good appetite, are able to eat well, are not at nutritional risk and should be used first.

For residents at risk of malnutrition or who have lost weight and have a poor appetite the fortified recipes can be used. These can raise protein intake as well as increasing calorie intake by at least 500 calories a day. This amount is recommended to help promote weight gain.

Improving staff knowledge of fortified diets may also impact positively on practical factors such as ensuring they are provided to those residents who need it and reducing food waste.

Practice Point

Fortified drinks, soups, and meals should be provided for individual residents who have been identified as needing them. You may need to seek advice from a registered Dietitian if you have concerns about a particular resident.

Do not fortify all meals and drinks as many residents may not need it.

Fluid intake

It is still very important to maintain a good fluid intake and to drink at least 6-8 cups of fluid per day.

Tempting residents who have a poor appetite with nourishing drinks in between meals can make a big difference to their daily intake. However, some residents may prefer a variety or find they become too sickly, so offer a variety of savoury and sweet, as well as tasty meals.



Fortified drinks

Why be concerned about drinks?

If a resident with a poor appetite is better able to enjoy drinks it is important that these are made more nutritious. They can make a big contribution to overall calorie and protein intakes.

Usual drinks such as squash, tea and fizzy drinks will have around 50 kcals and no protein.

Using fortified milk in drinks and recipes can boost calories and protein.

	200 mls or 1/3 pint 1 glass		568 ml or 1 pint	
	Energy (kcals)	Protein (g)	Energy (kcals)	Protein (g)
Skimmed milk	76	7.2	215	20.4
Semi-skimmed milk	100	7.2	284	20.4
Full fat milk	128	6.4	363	18
Fortified milk	204	14	583	38.5

Recipe for Fortified Milk

One of the simplest ways to get extra protein and calories into food is to fortify milk and then use this in recipes.

Recipe for Fortified Milk – 1 pint (568ml)

- Full fat milk 1 pint
- Skimmed milk powder 4 tablespoons (60g)

Place skimmed milk powder into a jug and mix with a small amount of full fat milk to form a smooth paste. Add remaining milk from the pint. Once fortified the milk can be stored in the fridge and used within 24 hours.

Using fortified milk

Fortified milk can be used in place of ordinary milk in teas, coffee, other hot and cold milky drinks, soups, sauces, mashed potato, milk puddings, custard, porridge, on cereals or as drink on its own.

Further recipes for nourishing drinks, smoothies and milkshakes can be found in Menus and Recipes.



Fortified foods

Other ways to increase calories is to enrich the food by adding butter, cream, cheese, honey, sugar, dried fruit, nuts.

Potatoes

Add:

- Grated cheese
- Double cream
- Fortified milk
- Salad cream
- Butter or margarine



Sauces

Add:

- Double cream
- Fortified milk
- Evaporated milk
- Coconut cream



Soups

Add:

- Double cream
- Grated cheese
- Milk powder
- Dumplings
- Baked beans



Vegetables

Add:

- Grated cheese
- Double cream
- Butter
- Olive oil



Puddings and fruit

Add:

Double cream
Custard
Coconut cream
Ice cream
Syrup/jam/honey



Breakfast cereals

Add:

Fortified milk
Evaporated milk
Syrup/honey
Yoghurt
Dried food/nuts



Table 1 gives handy measures of food and drink that provide around 100 calories. These boosters can be added to any appropriate meal, or eaten as a snack to promote weight gain.

Table 1: 100 Calorie Food Boosters

	Tablespoons/ easy measure 1 tablespoon = 15ml	Weight (in grams)
Snacks		
Nuts	A small handful	20 g
Dried fruit	A small handful	35 g
Banana	1	
Shortbread finger	1	
Crisps	1 small bag	
Malt loaf	1 slice	
Jaffa cakes	2	
Cream crackers	3	
Milk chocolate	3 cubes	
Jelly babies	5	
Savoury spreads/additions		
Hummus	2	30 g
Peanut Butter	1	15 g
Pesto	2	30 g
Sweet spreads/additions		
Sugar	1 heaped	25 g
Chocolate sauce	2	
Jam, honey, syrup, lemon curd	2	
Chocolate nut spread	1	20g

	Tablespoons/ easy measure 1 tablespoon = 15ml	Weight (in grams)
Dairy and non-dairy alternatives		
Cheese, grated hard	A small handful	25 g
Cheese, soft	2	40 g
Full fat yoghurt	1 small pot	100 g
Condensed milk	1.5	30 g
Dried skimmed milk powder	2	30 g
Ice cream	2 scoops	
Fats and oils		
Butter or full fat margarine	1	15 g
Double cream	1.5	45 g
Mayonnaise	1	15 g
Oil (sunflower, olive, vegetable)	1	
Drinks		
Whole milk	1 small cup	150 ml
Orange juice	1 medium cup	200 ml
Regular cola	1 large cup	250 ml

Practice Point

Choose at least 5 booster examples to have each day to achieve the 500 extra calories required to help gain weight.

A fortified daily meal plan for the residents identified as nutritionally at-risk could look like this:

Meal	Standard Menu – intake based on small portions	Example of Fortified options
Breakfast items Consider how you can fortify options from your main menu using fortified milk for cereals, porridge and drinks	Porridge made with milk	Porridge made with fortified milk and a handful of raisins. Can also add honey, sugar, fruit, cream
	Scrambled egg	Add butter, fortified milk and grated cheese
	Cup of coffee as preferred	Cup of milky coffee made with fortified milk
Mid-morning Residents requiring a fortified diet should have choices which provide approximately 200kcal and 2.5g protein	Drink of choice Biscuit	Cup of milky tea/coffee made with fortified milk and 2 short bread biscuits
Lunch Fortify by adding additional calories to a to a lighter meal	$\frac{1}{4}$ tin of baked beans on 1 slice of toast	$\frac{1}{4}$ tin of baked beans on 1 slice of toast with butter thickly spread and grated cheddar cheese
Mid-afternoon Residents requiring a fortified diet should have choices which provide approximately 200kcal and 2.5g protein	Cup of coffee as preferred with cake or fruit	Cup of milky coffee with fortified milk (offer biscuits)
Evening meal Include on the menu: one fortified main course which provides a minimum of 500kcal and 18g protein	Oven baked cod fillet with mushroom sauce Boiled potatoes Peas	Oven baked Cod fillet with fortified mushroom sauce or fried in vegetable oil Mashed potato made with fortified milk and grated cheese Peas with a knob of butter
Dessert Fortified or high calorie dessert providing a minimum of 300kcal and 5g protein	Apple Pie with ice cream	Apple pie with cream/ice cream/custard made with fortified milk
Supper	Cup of tea	Horlicks/Hot chocolate with fortified milk
Total per day approx.	1231 Kcals 47g protein	1890 kcals 81g protein

Note: this does not take into consideration any texture modification requirements

Difference in calorie and protein content in common foods

The table below shows which foods to choose for the same portion sizes if you are aiming to increase the calorie and protein content of foods

Food	Portion size	Energy (kcal)	Protein (g)
Porridge made with water	160g	74	2.2
Porridge made with full fat milk and milk powder	160g	231	10.6
Fruit cocktail canned in juice	100g	29	-
Fruit cocktail canned in syrup	100g	57	-
Low calorie yoghurt	150g	62	6.0
Standard full fat yoghurt	150g	158	8.0
Custard with semi skimmed milk	100ml	95	4.0
Custard with full fat milk	100ml	126	4.4

Oral nutrition supplements

Food fortification and offering nourishing drinks may be adequate to improve the nutritional intake of a resident, however others may need the addition of an oral nutritional supplement.

Powdered supplements are available in sweet and savoury flavours which can be bought over the counter and should be tried first.

You will need to refer to your local guidance or pathway for the appropriate prescribing of oral nutritional supplements.

Practice Point

For use of prescribed oral nutrition supplements:

- Consider how they are served e.g. a resident may prefer them heated or fridge cold. Some supplements are in a container served with a straw but your resident may prefer it in a cup.
- Make sure supplement drinks are not shared between residents.
- Monitor the length of time they are left – don't leave lying around.
- Observe if residents are not drinking them and find out why.
- Review if they have been prescribed a long time – they should have the same review mechanism as prescribed medicine.

Diabetes and a poor appetite

Dietary advice for residents with diabetes, who have lost their appetite and/or need extra nourishment to prevent weight loss.

Dietary Guidelines for Diabetes

The dietary guidelines for people with diabetes are similar to the healthy eating advice given to the rest of the population. During times of illness or stress, a person's appetite can be affected. If a resident has a poor appetite, this may delay their recovery and becoming underweight can have negative effects on overall health and wellbeing. Typical healthy eating guidelines can be relaxed during these times and this means the means the energy, protein, and fat content of a resident's diet can be increased. Extra care needs to be taken not to increase the sugar intake greatly for a resident with diabetes.

Increasing a resident's calorie intake

This can be done in a number of ways:

- Food fortification (e.g. adding butter to mashed potato or cream to soup). Guidance on this topic can be found in the food fortification section.
- Provide snacks between meals.
- Offer nourishing drinks such as a milky coffee or hot chocolate. These drinks can be found in the drink recipe section.
- More regular small meals and snacks.

If a resident's blood glucose levels increase

Illness and stress will alter blood glucose levels making them HIGH or LOW so it can be hard to achieve normal control during times of illness. In the short term this is may be nothing to worry about, but if it continues or if a resident develops symptoms such as fatigue (tiredness), thirst or someone is going to the toilet and passing more water than usual, the medication and/or insulin may need to be adjusted and you as a care provider should seek advice from your diabetes team.

Increasing the amount of sugary or starchy carbohydrate and/or starting on nutritional supplements, may also increase a resident's blood glucose levels and medication and/or insulin may need to be adjusted as a result of this change to a resident's diet.

Avoiding low blood glucose levels (Hypoglycaemia 'Hypo's')

If a resident has lost or is losing weight, are missing meals or are eating less than normal, plus they may be on certain types of medication for example; Gliclazide or insulin **they may be at risk of Hypo's low blood glucose levels (under 4mmol/L)**. If a resident experiences hypo's there may be a specific plan to manage these provided by the GP/consultant/diabetes specialist nurse. If a plan is not in place, you need to seek advice from your diabetes team **as soon as possible**. If a resident has a poor appetite and misses a meal or snack, having a nourishing drink such as a milky coffee, hot chocolate, Horlicks, Ovaltine or fruit juice may help to prevent hypos. If their appetite remains poor you may need to seek advice.

Section 2B

Eating and drinking well with mental health conditions

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Diet and mental health

Ensuring good mental health and well-being in older adults impacts positively on factors that may affect eating or drinking. Mental health conditions such as anxiety and depression or even a low mood can have damaging effects on the nutritional status of an older adult.

This is particularly important for older adults in care settings. It is estimated that up to 40% of older adults living in a care home experience depression and it often remains undetected¹.

Also, up to 60% of older adults who have had a stroke and up to 40% of those with heart disease, Cancer, Parkinson's, Alzheimer's experience depression, which will impact on a large number of care home residents.

Encouraging residents with small, nourishing, frequent meals, snacks and drinks, can help to ensure that good nutrition and hydration is maintained.

How can mental health conditions affect eating and drinking?

Developing mental health conditions is not an inevitable part of ageing, however stressful life events such as bereavement or moving into a care setting from the family home, can trigger conditions such as anxiety and depression, which can impact negatively on eating and drinking.

Having a mental health condition can sometimes mean that individuals may experience unintentional weight loss or gain. This may become more of a problem in care settings due to many factors such as:

- self-neglect, apathy, low motivation, lack of interest in food leading to a poor appetite or over eating
- not understanding how important good nutrition and hydration is and what happens as a result of not eating and drinking much
- lack of nearby support from family or friends.

These factors are important to overcome in care settings in order to:

- promote good mental health and nutritional status
- reduce the risk of malnutrition
- reduce the risk of admission to hospital as a result of malnutrition-related illness.

How can food help a person's mental health

Research shows that food can have an important effect on emotional and mental health. It not only has an important effect on general well being but a poor diet can also have a negative effect on a person's mental health.

Many foods affect the way we feel; some foods may have a particular significance attached to them. For example, a bread and butter pudding may remind a person of their family life when they were a child. Therefore this is important to discuss food preferences with a resident and try to frequently offer a range of foods that are familiar or hold value to someone.

Food values and emotional health

Making time to talk to residents about the value of food to them and their life can have a positive impact on their uptake and enjoyment of food. This should also extend to mealtimes and making them a social occasion with residents fully engaged, enjoying the dining experience.



Consider the following questions and solutions:

<p>How do we connect food to people in the care setting?</p> <p>How can we ensure that all residents are able to express their food choices and preferences?</p> <p>How can we be sure we meet these choices?</p> <p>How can we get everyone involved in providing the care talking about food and drink choices, to see how everyone's needs can be met?</p> <p>How can we ensure that food contributes to the well-being of residents?</p>	<p>Have conversations with individual residents or groups of residents and/or relatives and friends, about their own food stories and what food means to them. Have recipe sharing sessions and ask the cooks to try them out.</p> <p>Plan visits for younger children and get them to share stories about food practices and food skills across the generations and what has changed, food that has disappeared and foods that are new.</p> <p>Involve residents in food activities such as growing food, preparing food, laying the tables, cooking activities, tasting sessions and ideas for themed events.</p> <p>Do any residents have strong connections with food, any chefs, cooks, keen bakers, cookery teachers – ask if they want to be more involved.</p> <p>Culture and food – do you have residents from a range of cultural or religious backgrounds that can share stories of their food culture and any specific food customs.</p>
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Note: Exercise and mental health

Exercise is vitally important for good mental health and well-being. Exercise leads to the release of certain hormones which can improve mood and also helps to prevent muscle loss, which in turn can help prevent falls.

In care home settings, gentle physical activity can be encouraged according to individual need and ability. Activity co-ordinators can play a huge part in helping to improve well-being, mood and increase social interaction.

See Section 4 for further information on exercise and activity.

Caring for people with Dementia and ensuring their nutritional wellbeing

Dementia results in a progressive decline in a range of functions including memory, communication skills and general skills to carry out daily living and can have a huge impact on a person's quality of life. Being able to express wishes and preferences is a hugely important part of an older person's life in a care setting. Research has shown that the way in which care staff communicate with residents with dementia has a huge impact on their quality of life². Around two thirds of care home residents will have some form of dementia and many of these will be receiving social care only, hence the importance for all care staff to have the skills to maximise their quality of life.

Mealtimes and drinking are such an important and enjoyable part of the daily lives of residents that you care for and even more so for residents with dementia. Meals can help to orientate a person to time of day, engage in familiar activities and utilise food as a topic for reminiscence.

Declining function can result in many difficulties with eating and drinking, which can then lead to reduced appetite, weight loss and dehydration. This may then increase the risk of pressure sores, infections, falls and fractures. Weight loss can also make dementia progress more rapidly.

All residents with varying stages of dementia should be provided with care and support which enable them to have appropriate food choices served in a dignified way with assistance as necessary. This will help to ensure they maintain their food and drink intakes and achieve the best possible health and well-being outcomes.

The following guide provides ideas and information to help you achieve this.

Why are people with dementia at risk of weight loss and dehydration?

There are a number of factors that can make it difficult for people with dementia to eat and drink enough to meet their needs. These include:

- forgetting to eat or forgetting when last eaten
- being less able to recognise when hungry, full or thirsty and to communicate this
- sense of smell may be reduced and this will affect taste and enjoyment of food
- low mood may result in a lack of interest in food
- food preferences may change – often a craving for sweet food
- cutlery may become difficult to use or forgotten how to be used
- difficulties with chewing and swallowing, preference for different textures, some foods may be particularly difficult such as spaghetti and peas
- poor mouth care can lead to reduced food intake
- confusion may lead to not recognising familiar foods and how to eat
- more difficult to communicate likes and dislikes, which may be expressed by spitting out food, refusing to eat or storing food in their mouth
- in more severe dementia, depression and paranoia can cause suspicion of food resulting in avoidance or concern when food will be available resulting in hoarding
- may be agitated and restless when sitting making it more difficult and less able to focus on meal times
- effects of medication which may cause drowsiness, taste or smell changes, dry mouth.

Meeting the nutritional needs of residents with dementia

Person centred care is the guiding principle when caring for all residents with dementia and should also be applied to nutritional care. The following strategies can be implemented to improve food and drink intakes in a dignified way.

1. Assessing dietary needs.
2. Communication and relationships – retaining independence and dignity.
3. The dining environment – having a dementia friendly mealtime experience.
4. Food and drink availability – how to adapt and accommodate for residents with dementia.
5. Monitoring food and drink intakes.
6. Involving residents in food activities.

It is important to identify those who are more at risk of problems that may lead to poor food and drink intakes, this includes residents who:

- require moderate assistance with self care and therefore may not be observed as readily at mealtimes
- have few visitors and less engagement with other residents
- have poor oral hygiene
- take lots of medication.

1. Assessing dietary needs

Using memories and stories can help to find out what foods residents like and enjoy and also by talking to families and visitors. Making a life story book can include a variety of information which helps to personalise the care you provide. Including food and drink preferences and memories will enable you to talk to residents at mealtimes about what they can manage and enjoy. The story book can also be useful to monitor any changes in preference and taste.

Suggestions of information to include in personal plans:

Drinks and snacks	What is their favourite, colour and strength of tea and coffee, type of milk, sweetener/sugar Sweet and/or savoury snacks
Table ware	A favourite cup or mug, maybe with their name on Use of coloured crockery and adapted cutlery as required
Food likes and dislikes	These may change as dementia progresses, a preference for sweet foods may develop Ask about preferred ways of preparing and serving Check with relatives and friends if your resident is less able to express their choices Use pictures of food and meals, ideally choose from a plated meal at point of service
Meal time routine	Does the person have a set time for eating What is their usual pattern? – Do they wake early for cup of tea – Do they like their main meal at lunch time – Do they prefer a cooked breakfast and smaller lunch – Do they prefer little and often – Has their sleep pattern changed?

Practice point

People living with dementia may prefer foods that were familiar many years ago and are associated with certain times in their lives

2. Communication and relationships – retaining independence and dignity

Talking and eating with residents at mealtimes can have a big impact on enjoyment and food intakes, but this needs to be balanced with the need of some residents who may still prefer to eat alone.

It is important for the choice of meals to be as close to meal delivery as possible and use plates of food at point of service or pictures to help residents to make a decision.

It may help to talk about the smell and taste of food and smells from the kitchen. Also history and memories of food can include talking about childhood memories, war time rationing, cooking for their family.

Seating plans may need to take into account individual wishes to sit by people or not.

If a resident is anxious at meal times, try and find out the reason from the resident or their relatives. Observe signs of what may be causing it and review any specific needs at mealtimes.



Communication is also key between staff and across the whole care home setting to ensure continuity of care and best outcomes for each resident.

Practice point

Ensure all staff within the care home, visiting staff and family carers are aware of a resident's food and drink needs and how to meet them by:

- Including in personal plans.
- Regular staff training.
- Ongoing support and updates for staff on food and nutrition.
- Regular monitoring and review.

3. The dining environment – having a dementia friendly mealtime experience

This is important for all residents but even more so for residents with dementia to ensure that their individual needs are met. Residents living with dementia may find it difficult to carry out usual self caring tasks but may still be able to eat and drink with or without assistance. It is important to maintain this independence as long as possible. They may also be confused in a care home environment if not used to eating with others, or have suffered a recent bereavement or change in circumstance. Other important factors to look out for:

- Sight, smell, hearing and taste are all important for stimulating appetites – ensure they have everything they need to help them to eat; glasses, dentures hearing aid
- Make sure people are seated in a comfortable position and do not need the toilet
- Routines that help before the meal such as setting up the table, being involved in the preparation can help
- Make it as relaxed and much like home as possible, if staff can sit and eat with residents, this can make a big difference
- Loud noises can be distracting – whereas soft music playing has been shown to help
- Some people may like the social interaction whilst others may prefer to be on their own

Practice point

- Crockery – does the colour of the food stand out against the plate? Studies have shown that using photographs and contrasting bright, plain colours for crockery and tables such as blue or red can help with food recognition and increase nutritional intakes for people with dementia.
- Lightweight plates with a broad rim and bowls with deep sides may also help with grip and independence.
- Use of adapted cutlery where necessary and non slip plain coloured place mats.
- Set up a project with a local photography student or if you have a resident or relative with photography skills, and develop a pictorial menu.

Further information about the dining environment and care and support of all residents at mealtimes is covered in Section 4.

4. Food and drink availability – how to adapt and accommodate for residents with dementia

A resident who is healthy and well and has mild dementia should be offered the usual menu for all residents based on the food and drink standards and best practice guidance in Section 2, and taking into account likes and dislikes and meal patterns.

Residents with dementia may be more at risk of malnutrition and not eating and drinking enough. When it is observed that someone is not eating enough, there are ideas which may help below:

- Offer assistance to eat when needed but start with minimal support and encourage, using adapted cutlery if required
- Residents may respond to having smaller meals more often
- Making changes to traditional meal pattern in response to behavioural changes such as changing sleeping patterns, weight loss, walking around

For care providers caring for someone with dementia, it can be difficult to ensure that they are able to meet their nutritional needs and further adaptations to the usual menu may be needed.

Finger foods can provide a nutritious and enjoyable alternative to plated meals. They can also be used to provide extra nutritious snacks to those who need them.

Finger foods can be particularly useful for people who forget to eat, those who find it difficult to sit throughout meal times, walk around or find co-ordination difficult especially when using cutlery.

It is important to make sure that enough energy and nutrients are consumed which can be tricky, it's easy to rely on foods from the carbohydrate group.

See 'Menus and Recipes' for a range of ideas for a finger food menu and snacks, that can make up a balanced diet overall.

Practice point – offering finger foods

- Present food attractively e.g different coloured foods on contrasting plates.
- For people who walk around, use of a food pouch may be a safer method and specific for the individual and enable more independence.
- Use snack boxes filled with favourite foods.
- Change the environment and meal times to suit your resident wherever possible.
- Choose foods that don't need to be served hot.
- Use foods that are easy to hold.
- Show the person what to do so they can copy.
- Allow time to look at the food and explore it.
- Take time to describe the food.
- Provide wipes or hot flannels to wipe hands before and after meals.

Food safety

Extra care needs to be taken if snacks are left in specific places to pick up or foods are placed in a resident's hand to prompt. Food hygiene and safety regulations need to be adhered to, foods should always be low risk and replaced if left too long.

The chef or cook is crucial to providing ideas and variety, as are key workers who can get to know a person's likes and dislikes and how they enjoy their food. The potential benefits of taking time to meet each person's needs when serving finger foods can result in improved food intakes by:

- residents being enabled to eat themselves, helping to maintain independence and preserve eating skills
- a renewed interest in food and stimulate appetite
- residents may be able to remain at the table to be served finger food in place of a plated meal and as snacks between meals
- boosting confidence and self-esteem at mealtimes
- having more choice and freedom to eat as desired
- having more time to eat.

Other considerations:

Food First approach and fortified foods and meals – residents with dementia who can eat meals but not in sufficient quantities will need to be assessed to see if they need to have meals and foods that are fortified – see section 2A on food fortification.

Texture modification:

If a resident has been assessed by a health professional and requires a specific texture modification from one of the levels described by IDDSI this needs to be followed – see **Section 2C** on texture modified diets. Note: in these situations, finger foods will not be suitable.

Practice point

It is important to recognise the difference between swallowing difficulties (dysphagia) and eating difficulties, which may both occur with dementia. Residents with vascular dementia are more likely to have swallowing difficulties.

Residents with Alzheimer's may have reduced coordination to be able to feed themselves, and tend to over chew food and hold food in their mouths.

Vitamin requirements

A multivitamin may be required particularly if there are swallowing or chewing difficulties making fruit and vegetables harder to eat and softer options harder to hold.

Practice point – assisting to eat

Hand-over-hand assistance is a preferred method for assisting a resident with dementia to eat when required. It involves placing ones hands over an individual's hands to help them complete a movement.

See more on assisting to eat in Section 4.

You may already have or wish to introduce the Butterfly scheme to enhance your care for residents with Dementia.

<https://butterflyscheme.org.uk/>

Remember about fluid intake:

Practice point – drinking more

- Offer a variety and ensure individual likes and habits are taken into account – the colour of tea is very important to some people and can make a huge difference to their enjoyment of a drink.
- If someone has difficulty expressing their choice – consider different ways to describe food and drink. For example use a paint colour chart or sample cups of tea at different strengths.
- Water served in jugs, small decanters or a water dispenser with ice in summer – allows residents to help themselves. Make this easier by half filling and have lids which make it easier to pour.
- Squashes – have a variety and remember if people have favourite flavours or strengths.
- Hot drinks – do they prefer a mug or cup, a large drink or small china tea cups?
- A tea trolley may help to demonstrate it is time for a drink.
- Smoothies, milkshakes, ice creams and lollies can also help provide variety to stimulate interest.
- Foods with high water content – melon, cucumber, jellies can also provide liquid to improve hydration.
- Themed events can have a big impact on drinking and jogging memories of favourite outings and occasions.
- Take time to prompt and be patient.

Practice point – oral health care

Remember good oral health care is really important for continued enjoyment of food. Poor oral health can cause pain and infection which can worsen the confusion associated with dementia, and residents may be less able to express their discomfort. Extra care should be taken to monitor and maintain oral health of residents with dementia, see also earlier section on oral health.

5. Monitoring food and drink intakes

Residents with dementia may have more need for being observed regularly and having their food and drink intake recorded.

Colour codes can be used to identify those at high, medium or low risk to alert staff, such as a specific colour jug lid in the rooms of residents who need prompting with fluid or coloured place mats for those needing support at meal times. All staff should have access to this information; carers, cooks and chefs, nurses, relatives and managers using agreed processes. Monitoring needs should also be written in the personal plan.

Further information on the monitoring of food and drink intakes and the use of food and fluid charts is found in section 6.

6. Involving residents in food related activities

Being involved in food related activities is important for all residents. For those living with dementia it can help to give them a sense of purpose and value and trigger memories of activities carried out when younger.

- Talk about past roles in food, cooking and caring and involve residents in some aspects of the meal preparation which are meaningful to them e.g. laying the table, preparing vegetables, clearing away, washing or drying up, stirring cake mixes.
- Use memory cues such as fish and chips in paper.
- Growing food in boxes or raised beds can stimulate further interest.

Keeping chickens and collecting eggs can be an enjoyable activity (note: food safety aspects of using own eggs – see Section 5)

Stimulating the senses

Some residents may have significant taste changes and preferences which may alter as time goes on, so it is important to review and update information about each person's needs.

Smells of food and baking can help to evoke interest in food and stimulate appetites. This can be extended to activities that can help residents living with dementia to continue to recognise and enjoy food as best they can, when some of their senses are reduced:

- Using smells of foods that evoke memories e.g. certain spices or herbs.
- Sounds of food cooking.
- Visual clues of meal times, being able to watch or be involved in preparing the food, drink or dining area such as putting items on a drink trolley.
- Food tasters.
- Use of natural flavour enhancers to stimulate senses.
- Make food look attractive.
- Vary food tastes.
- Use brightly coloured crockery.

Stimulating the senses is particularly important when changing the texture of foods, as they will appear less familiar, especially when pureed. Refer to section on modifying texture of foods.

Useful Documents and resources

The Caroline Walker Trust – Eating Well and Supporting Older People and Older People with Dementia Practical Guide (2011)

<https://www.cwt.org.uk/wp-content/uploads/2014/07/EW-Old-Dementia-Practical-Resource.pdf>

Alzheimers Society – specialist crockery and cutlery

<http://shop.alzheimers.org.uk/eating-and-drinking>

Dementia UK

<https://www.dementiauk.org/for-professionals/free-resources/>

British Dietetic Association (2014) Food facts: Food and mood. Available at

<https://www.bda.uk.com/foodfacts/foodmood>

Bournemouth University optimising food and nutritional care for people with dementia

<https://www.bournemouth.ac.uk/research/projects/optimising-food-nutritional-care-people-dementia>

Welsh Government: Dementia Action Plan Wales 2018-2020. Available from:

<https://gov.wales/sites/default/files/publications/2019-04/dementia-action-plan-for-wales.pdf>

Welsh Government: Together for Mental Health

Available from: <https://gov.wales/together-mental-health-our-mental-health-strategy>

Organic Centre Wales Food Values Project

http://www.organiccentrewales.org.uk/uploads/food_values_reporteng.pdf

For further support contact your local dementia training teams

References

1. Godfrey M 2005, cited in *Mental Health Foundation (2016) Fundamental facts about mental health*, Mental Health Foundation: London
2. Commission for Social Care Inspection (CSCI) (Jun 2008). See me, not just the dementia - Understanding people's experiences of living in a care home. London (33 Greycoat Street, SW1P 2QF): Commission for Social Care Inspection Available from: <http://hdl.handle.net/10454/6420>

Section 2C

Eating and drinking well using Texture Modified Diet and IDDSI

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Mae'r ddogfen yma hefyd ar gael yn Gymraeg
This document is also available in Welsh.

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Swallowing problems (dysphagia)

It is estimated that up to 13% of adults over the age of 65 years and over 51% of older people living in long term care homes will have swallowing problems¹. In nursing homes this is likely to be higher again, between 50-75% of residents².

How can I spot swallowing difficulties?

All members of staff within a care setting should be aware of the signs of swallowing difficulties or any oral problems suffered by residents that may lead to a reduced food intake.

Some signs of swallowing difficulties are:

- Difficulty chewing or controlling food in the mouth.
- Food or fluids falling out of the mouth.
- Food left in the mouth after a meal.
- Difficulty starting to swallow.
- Coughing/choking while eating.
- Regular chest infections.
- Poor appetite.
- Unexplained weight loss.
- Eating more slowly than usual.
- Feeling anxious or frightened around mealtimes.

Care providers have a duty of care to provide the correct consistencies of meals and fluids to residents. For further advice on texture modified meals or if you are concerned about a resident's swallow, contact your local Speech and Language Department.

Texture Modified Diet and IDDSI

Some people who have swallowing difficulties may have an increased risk of choking and aspiration. Also some people may need to have the texture of their food and drink altered to reduce these risks.

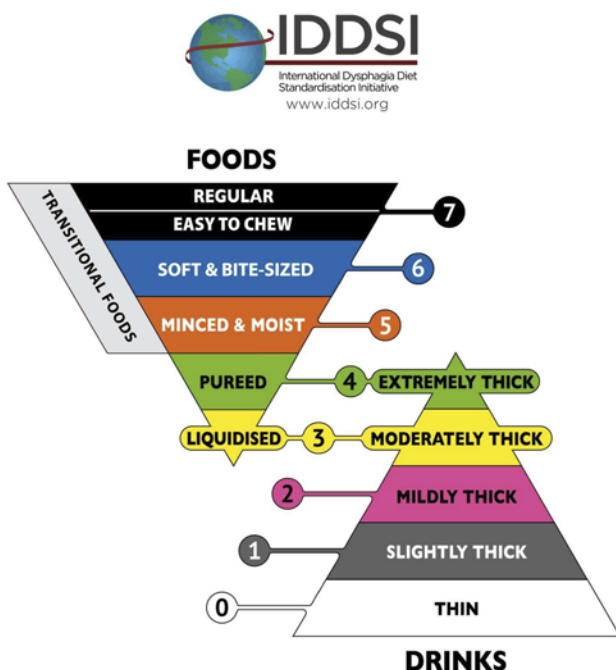
Traditionally food has been described using a variety of different terms such as: soft, fork mashable, puree and liquidised textures.

These have all now been replaced by the IDDSI* framework.

The over-riding goal of IDDSI is around patient safety. It has been developed to provide accurate and consistent definitions of texture modified diets and practical support to produce foods, meals and drinks to the right consistency.

The dysphagia diet framework describes food and drinks that are safest for people with feeding, chewing or swallowing problems. It consists of a continuum of 8 levels, where drinks are measured from Levels 0 – 4, and foods are measured from Levels 3 – 7.

Complete IDDSI Framework Detailed definitions 2.0 | 2019



All care settings will be expected to adopt the IDDSI definitions for texture modified meals. All commercial companies that produce textured modified ready meals will also use these definitions.

For all the information on IDDSI and how to implement it in practice go to:

British Dietetic Association: www.bda.com for training materials, implementation strategy, frequently asked questions

The IDDSI website: www.iddsi.org/framework/ for IDDSI framework, resources, open access articles

Royal College of Speech & Language Therapists: <https://www.rcslt.org/speech-and-language-therapy/clinical-information/dysphagia#section-4>

RCSLT and IDDSI webinar: making IDDSI work for you:

<https://www.rcslt.org/webinars/rcslt-and-iddsi-webinar-making-iddsi-work-for-you>

Your local health board may also have additional resources to help you.

Additional tips

As care providers, it can be difficult to make textured modified meals varied and appetising to entice residents to eat when, they may be suffering from swallowing problems, have a sore mouth or have poor dentition. The following tips might help to keep meals interesting, where appropriate to the texture.

- Add syrups and sauces to ice cream.
- Add spices such as nutmeg and cinnamon to stewed fruits.
- Trial different flavours in cheesecakes such as lemon and lime or toffee apple.
- Use a range of sauce with fish; cheese, parsley and white sauce.
- Drizzle cream on soup and garnish with herbs.
- Add red or green pesto sauces to pasta and sprinkle with cheese.

* IDDSI – International Dysphagia Diet Standardisation Initiative

It is always preferable to use scoops, piping or moulds when preparing pureed (Level 4) foods and serving individual items on a plate to make up a meal, this way it is more recognisable, attractive and tempting for a resident who may already have a poor appetite.

Note: ensure all sauces are appropriately thickened to the correct IDDSI level if the resident needs thickened fluids

References

1. World Gastroenterology Global guidelines (World Gastroenterology Organisation, 2014)

Available from:

<https://www.worldgastroenterology.org/guidelines/global-guidelines/dysphagia/dysphagia-english>

2. O'Loughlin G, Shanley C. (1998) Swallowing problems in the nursing home: a novel training response. *Dysphagia*; 13, 172-183

FOOD & NUTRITION

in Care Homes for Older People

Section 3

Drinking and the importance of hydration for residents

Section 3

Drinking and the importance of hydration for residents

This section provides positive actions to promote drinking which are so important for residents in care homes.

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What is dehydration?

Dehydration is the loss of essential water from the body and this can cause serious effects if fluids are not replaced. The body needs water so that it can work normally every day, and it helps to regulate body temperature.

Not drinking enough fluids can result in increased risk of:

- repeated infections
- falls
- constipation

It can also lead to confusion, headaches and irritability.

Older people are at risk of being dehydrated due to the effects of ageing. Kidneys may not function as well, there is less muscle mass where most water is stored and they may not have a sense of thirst or be able to communicate that they are thirsty.

Other physical illnesses such as arthritis, poor mobility, sight loss, dementia and swallowing difficulties can also affect how much people drink.

Care home residents are at increased risk of not drinking enough, so making sure they can access drinks, are able to take the drink and are prompted to drink if needed, are all important parts of care.

A good fluid intake should be included as part of overall nutrition care and support to ensure the best possible outcomes for residents.

This section outlines how many drinks your residents should be having, types of drink and simple tips to help people increase their fluid intake.

How much to drink?

Fluid standards and guidance are based on the recommended amount of drinks per day for adults:

Amount per day 6 – 8 cups or mugs

This will provide around 1600ml – 2000 ml litres per day, based on a 250ml mug. Women will require around 1600ml and men around 2000ml.

Common household measures

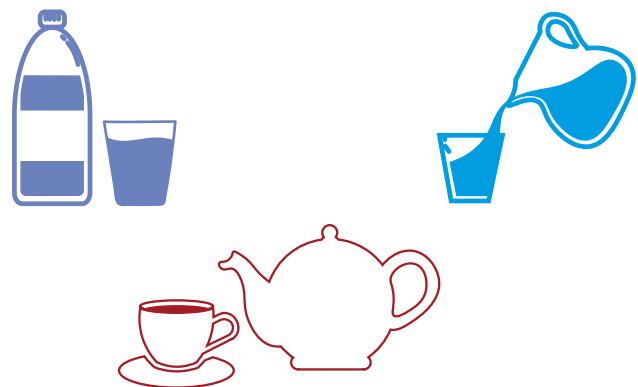
1 medium glass = 200ml

1 can of fizzy drink = 330ml

1 mug = 250ml

1 cup = 150ml

Note: if your residents' are having small cups most of the time they will need more over the day



What counts as fluid intake

Fluids include:

Water

Tea

Coffee

Hot milky drinks

Milks and flavoured milk

Fruit drinks and fruit juices

Soft drinks e.g. cola, lemonade.

Foods, such as soups, jellies, ice cream, fruit, vegetables and salads can also provide around 20 percent of daily fluid intake. If a resident is having difficulty increasing drinks, encourage more of these.

Practice point

If a resident is having more sugary drinks to increase energy intakes, extra oral health care is needed, to protect teeth from decay.



Assessing people's fluid intake – drinking vessel guide

Drinking vessel		Fluid Volume
Small wine glass		120 ml
Small glass		140 ml
Small cup		150 ml
Large glass		180 ml
Regular mug		200 ml
Large mug		250 ml
Pint glass		500 ml

The Role of Carers

Carers have a vital role in ensuring that those they care for maintain healthy hydration levels. Carers can do this by making sure that fluids are freely available and physically accessible both day and night, as well as with meals.

Carers should be aware of the need for fluid, encouraging residents to drink regularly and reminding visiting relatives to encourage too, if appropriate.



Practice point

Every day observations have been shown to be inaccurate in detecting dehydration, so it is always best for nursing and care staff to focus on supporting residents to drink well, and achieve the recommended amounts. This will ensure they keep hydrated. Refer to local policies and/or health professionals for more information on dehydration.

See Appendix 1 for more information on benefits of keeping hydrated.

More severe problems associated with longer term dehydration include:

- Increased risk of falls
- Urinary tract infections
- Delirium
- Chest infections
- Constipation
- Increased risk of pressure ulcers
- Admission to hospital.

Residents may have different reasons for not drinking enough fluid such as:

- Loss of appetite generally
- Lack of sense of thirst
- Not remembering to drink
- To manage or avoid the urge to go to the toilet
- Feeling embarrassed drinking from a 'sippy cup'.

Situations where residents may lose more fluid and therefore are at more risk of dehydration:

- Vomiting, diarrhoea, fever
- Heat exhaustion
- Medicines that remove water from the body
- Medical problems; ill health
- Drinking alcohol removes water from the body.



Top tips for highlighting importance

- 1 Start by developing a policy on how you will provide water and other drinks for your residents, this could start with a drinks audit (see Appendix 2)
- 2 Carers should encourage water and preferred drinks for those at higher risk, this may need an indicator such as a yellow lid* on a water jug, coloured napkin at mealtime or a water symbol in their room. Always use a positive approach
- 3 Residents often worry about increased toilet visits, so encourage good hydration from waking and less late at night
- 4 Some residents may lose their thirst response and taste sensation so may need prompting
- 5 Visiting relatives and friends can be a positive influence on helping residents to drink
- 6 Any concerns about a resident's drinking or risk of dehydration should be documented in their care plan, with clear instructions on any actions required
- 7 Identify whether residents are able to drink independently, if they need prompting or need assistance to drink, but remember if they can drink independently they may still forget.

*some hospitals are trialling the use of yellow lids to highlight those at risk.





Practical points for encouraging people to drink

- Water is best served cool and fresh from the tap not left in open jugs to get warm.
- Ensure 'fresh' hot and cold fluids are offered with and between meals.
- Ask residents about their favourite cup or mug – what do they prefer or what can they manage best, would they benefit from having their name on the cup or a brightly coloured handle/lid.
- Serve small cups of water alongside tea and coffee.
- Sometimes warm/hot water with a piece of fruit added can appeal.
- Cups should not be overfilled, if having smaller cups, then these should be provided more often.
- Milk and sugar should be added to individual preferences.
- Encourage more water when taking tablets.
- Find out resident's preferences – what colour (strength) do they like their tea and coffee and how much milk, what sort of cup – china tea cup or mug, these little things are important. Fill out a hydration guide for each resident (see appendix 3).
- Language is important – use positive encouragement rather than asking if someone wants a drink.
- Make drinks easily accessible and have small tables available for placing drinks near residents.
- Cups should be placed in the hands of residents who cannot or do not know how to reach for a drink.
- Consistency of fluids – make sure to follow any individual advice regarding use of thickeners with individual residents.
- As it gets warmer increase the frequency of drinks and make water more available.
- Offer foods with a high fluid content e.g. melon, cucumber, ice lollies, soup, sauces.
- Provide social occasions to encourage drinking e.g. afternoon teas, daily themes e.g 'Mocktail' Mondays, 'Shandy Saturdays', social bar.

Note: fluid intake may be restricted in some residents in nursing homes with liver disease, kidney disease or heart failure – their needs should be met after discussion with a health professional.

Practice point

Take part in the annual nutrition and hydration week Try new ideas and if they work, continue them afterwards as good practice www.nutritionandhydrationweek.co.uk/

Keeping a fluid chart

A fluid intake chart or diary can be used if a resident is observed to not be drinking enough, to monitor their progress.

All staff should be aware and care plans should be updated.

The chart can help to identify the reasons why a resident is not drinking enough – is it the choice of drink, access, timing, mood, illness, forgetfulness.

Note: Those who have difficulty with drinking enough may also have difficulty eating so always consider both together. See section 6 for an example template of a food and fluid diary or refer to local guidance.

Note: Older people with respiratory problems are likely to lose additional fluid through their breathing or their treatments and are particularly prone to dehydration. In these cases, fluid monitoring can be beneficial.

Note: Keeping hydrated is very important in helping to prevent urine tract infections see Appendix 4 for more information.

References

Volkert D et al (2018), ESPEN guideline on clinical nutrition and hydration in geriatrics. Clinical Nutrition, p1-38. Available at: www.espen.org/files/ESPEN-Guidelines/ESPEN_GL_Geriatrics_ClinNutr2018ip.pdf

Bunn D et al (2019) Effective hydration care for older people living in care homes. Nursing Times [online]; 115: 9, 54-58.

Available at: www.nursingtimes.net/clinical-archive/nutrition/effective-hydration-care-older-people-living-care-homes-18-09-2019/



Appendix 1: Keeping Hydrated – Summary of the benefits of good hydration

Summary

Pressure ulcers

Poorly hydrated residents are twice as likely to develop pressure ulcers. This is because dehydration reduces the padding over bony points. Fluid intake to correct dehydration increases levels of tissue oxygen and enhances healing.

Constipation

Poor fluid intake is one of the most frequent causes of chronic constipation. Drinking more water can increase stool frequency. It can also enhance the beneficial effect of daily dietary fibre intake.

Urinary infections and continence

Water helps maintain a healthy urinary tract and kidneys. Being adequately hydrated, rather than having a high fluid intake, is important in the prevention of urinary tract infection (UTI). Many older people do not drink enough in the evening to prevent them from having to use the toilet in the night. However, it has been shown that restricting overall fluid intake does not reduce urinary incontinence.

Falls

The risk of falls increases with age. In older people falls can result in injury and fractures. For example, a broken hip can lead to a reduced quality of life, over and above the trauma and hurt. Such individuals rarely get back to the same degree of independent living as they enjoyed before they fell. Dehydration has been identified as one of the risk factors for falls in older people.

This is because it can lead to a deterioration in mental state, and increase the risk of dizziness and fainting. Maintaining adequate hydration in older people could be effective in preventing falls, together with other factors. In hard water areas, tap water can contribute to dietary calcium intake – calcium is essential for healthy bones and protecting against osteoporosis and fractures.

Skin

Being well hydrated is a good way to keep the skin healthy. The skin acts like a water reservoir and helps regulate fluid for the whole body. Mild dehydration causes skin to appear flushed, dry and loose, with a loss of elasticity, which makes it look older than it is.

Kidney and gallstones

Good hydration can reduce the risk of kidney stone formation by 39%. This is because dilute urine helps to prevent crystallisation of stone-forming salts. Drinking water at regular intervals can also help by diluting bile and stimulating gallbladder emptying. This in turn helps to prevent gall stone formation.

Heart disease

Adequate hydration reduces the risk of heart disease by 46% in men and by 59% in women. It also helps prevent blood clots forming by decreasing the viscosity of the blood (how 'thick' the blood is).

Diabetes

Water is an essential part of the dietary management of diabetes. Dehydration can worsen the control of diabetes. Individuals with poorly controlled diabetes have a high urine output, which can increase the risk of dehydration.

Low blood pressure

Many older people have a drop in blood pressure when they stand. This sometimes causes them to pass out. Drinking a glass of water 5 minutes before standing helps stabilise blood pressure, and prevents fainting.

Cognitive impairment

Dehydration worsens mental performance. Symptoms of mild dehydration include light-headedness, dizziness, headaches and tiredness. It reduces alertness and the ability to concentrate. Once you feel thirsty (0.8-2% dehydration), mental function may be affected by up to 10%. Mental performance gets worse as the individual becomes more dehydrated. In older people this affects cognitive function leading to increasing frailty, reduced ability to do things for themselves, and a reduction in quality of life.

Hospitalisation in older people

Dehydration has been shown to increase by two-fold the mortality of patients admitted to hospital with stroke. It also increases the length of hospital stay for patients with community-acquired pneumonia.

Appendix 2: Reviewing hydration care

What currently happens – find out whether all your residents do get all the drinks they need

Do a drinks audit - see Action Plan 4 Hydration and drinks in Section 7 and resources section

Consider what actions are needed as a result of the drinks audit

- Do some residents need more prompting?
- Do some residents have more tailored preferences e.g a favourite cup or mug or a specific type of cup that helps them to drink independently?
- Do some residents miss out on drinks as they don't have enough help?
- Are there enough times in the day to serve all the necessary drinks?
- Do you have a drinks menu whenever you serve drinks?
- Are particular times more rushed?
- Do you need to identify times in the day where more drinks can be served?
- Consider if some residents have more difficulty than others e.g. those who tend to stay in their rooms or those with specific needs?
- How are staff allocated to support and monitor what residents are drinking?

Identify the issue(s) and decide as a team how to improve practice to ensure that all residents get the drinks they need.

Appendix 3: Resident preference for drinks

This can form part of the introductory assessment of both food and drink, when a resident first comes to the care home and should be reviewed if their circumstances change.

Name: _____ Date: _____

Do you like to have a drink on waking? Yes No

If yes, what time is this usually _____

What is your preferred drink at this time? _____

What do you usually like to drink:

With breakfast _____ At mid morning _____

With lunch _____ At mid afternoon _____

With tea _____ In the evenings _____

Would you like your drink to be served with your meals or after? * _____

Are there any drinks you don't like? _____

Do you like a certain type of cup or mug? _____

Would you like your name on your cup or mug? _____

Do you like any foods that have a lot of fluid in them such as jelly, ice cream, yoghurt, fruit, vegetables, custard, soup Yes No

How do you like your tea: Strong Medium As it comes

With a little milk Milky

(if unable to express, use actual drinks or colour charts)

Sugar? If yes how much _____ Sweetener? If yes, how many _____

How do you like your coffee: Strong Medium As it comes

With a little milk Milky

(if unable to express, use actual drinks or colour charts)

Sugar? If yes how much _____ Sweetener? If yes, how many _____

Have your drinking habits changed recently? Yes No

If yes, how are you drinking less or more _____

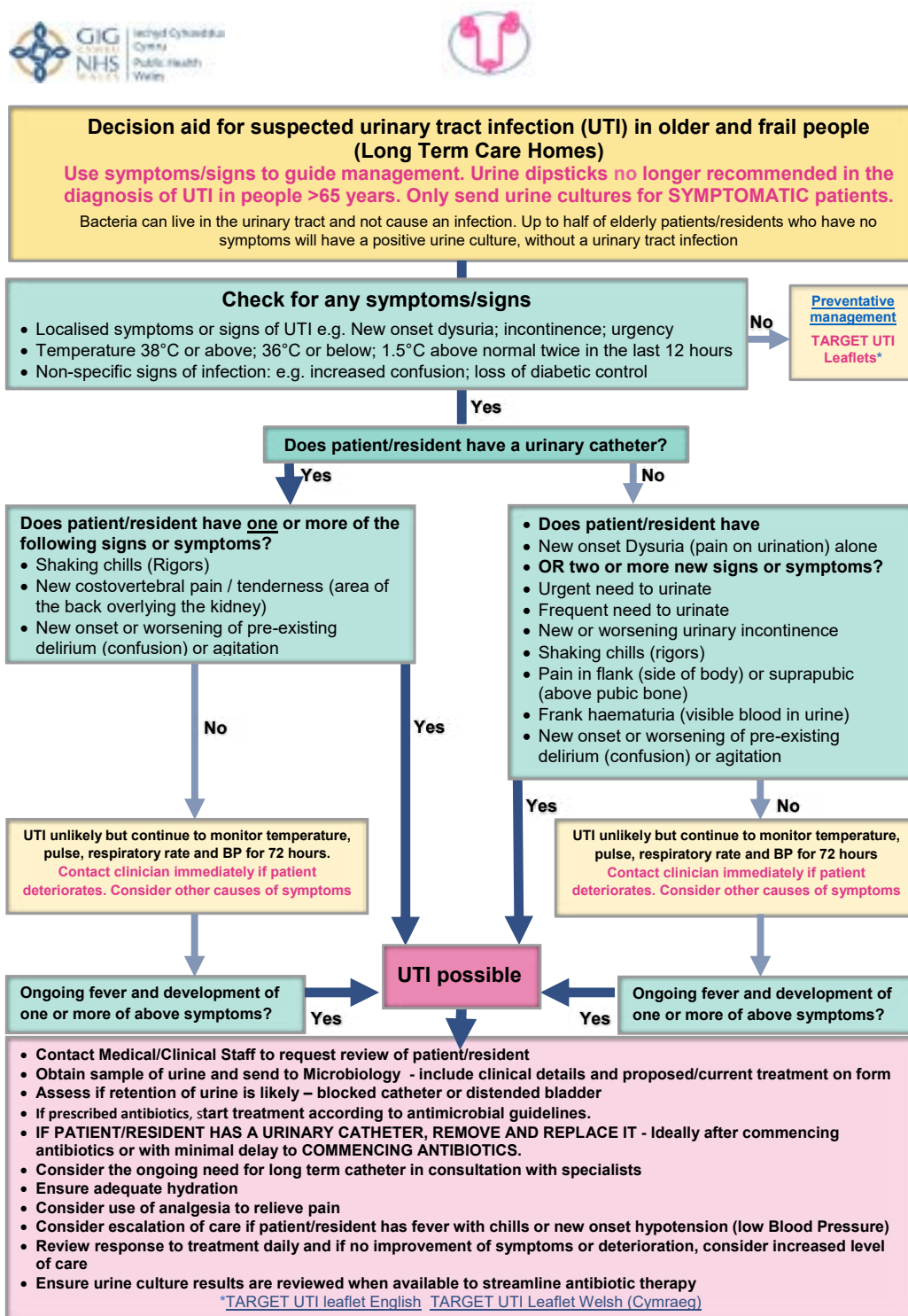
Are you worried about drinking too much and needing to go to the toilet? Yes No

Do you have any other favourite drinks? _____

*If the resident has a poor appetite, discuss whether drinking after a meal may help, so they are not too full to eat.

Appendix 4: Additional information on prevention and management of urinary tract infections

The following chart is a nationally agreed guide for care homes with long term residents over the age of 65 years. It helps to identify what to do if a urine tract infection is suspected. Produced by Public Health Wales.



Version 6, Final 16th April, 2019

For further information and resources go to:

www.phw.nhs.wales/services-and-teams/harp/urinary-tract-infection-uti-resources-and-tools/

The sections on preventing UTI infections and Hydration have lots of useful resources.

FOOD & NUTRITION

in Care Homes for Older People

Section 4

Encouraging residents to eat well

Section 4

Encouraging residents to eat well

This section covers what you can do as a care setting to help all residents enjoy their food and drink and be able to access it in a dignified and sensitive way.

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Mealtimes and availability of food

A loss of appetite is not inevitable with age, however some residents may have a small appetite and may struggle to eat all of their meals. To encourage some residents to eat well, it will be important to offer small, frequent meals with snacks in-between. This daily structure will help to regulate appetite, and avoid excessive weight loss or gain and ensure residents are provided with the nutrition they need.

Residents who regularly only eat small amounts of their meals (around half or less) could be at risk of malnutrition. The recipe section provides nourishing drink and snack ideas that you could offer residents in-between meals to help overcome this.

It is important to consider the different needs of residents and when best to provide a main meal or lighter meals, or more frequent smaller meals. This can, have a big impact on appetite. For example your residents who have breakfast quite late may not manage a main meal a couple of hours after. Table 1 is an example daily meal plan of food and drink provided and how it needs to be flexible to meet the range of resident's individual needs.

When menu planning, consider how you can meet everyone's needs. This may be difficult when waking times are variable, however it is important to be flexible to accommodate individual needs and respect previous patterns of waking and eating.

Table 1 – flexible meal plans

Resident Joy who wakes early and enjoys a light breakfast		
6-8am	On waking	Enjoys a cup of tea and a biscuit
8-9am	Breakfast	Enjoys a small bowl of cereal and sometimes a piece of toast with another cup of tea
11am	Mid morning drink and snack	Cup of coffee and a banana
12.30-2pm	Lunch	Enjoys a main mid day meal
3.30pm	Mid afternoon snack and drink	Cup of tea and a piece of cake
5pm	Tea	Enjoys a lighter meal and dessert
7-8pm	Supper drink and snack	Milky drink

Resident Frank who wakes late and has a good breakfast		
6-8am	Asleep	
9am	Breakfast	Enjoys a bowl of porridge, fruit juice and a piece of toast and sometimes an egg
11am	Mid morning drink and snack	Just a drink
12.30-2pm	Lunch	Enjoys a light meal after a large breakfast
Mid afternoon snack and drink	Mid afternoon snack and drink	Cup of tea and a small sandwich or cheese and biscuits
5pm	Tea	Enjoys a main meal
7-8pm	Supper drink and snack	Cup of tea and a biscuit sometimes some fruit

Developing a positive dining environment and experience

Recent publications have provided a range of ideas to help you create the right supportive environment for your residents at mealtimes.

Take a look and see how many of these practices you already do and talk with residents, relatives and staff to make more positive changes.



<https://gov.wales/mealtimes-care-homes>



<http://myhomelife.org.uk/resources/>
(see bulletin issue 18)

Also look at the hints and tips here and the action plans in section 7. You can use these to review your practice and identify any changes you may want to make.

- Social interactions: eating together can encourage social conversation and enjoyment of food. However residents who have may have been on their own a long time may wish to continue eating alone and this needs to be respected.
- Adapted cutlery and crockery can improve independence. However, equipment and clothing protection may be perceived by some residents as a visible representation of difficulties, resulting in them feeling their dignity is maintained by eating alone.
- Meal interruption: In a care home setting there can be interruptions to mealtimes from giving out medications, a visiting health professional, assessments and paperwork. Aim to minimise this as far as possible, providing enough time for residents to have the opportunity to eat as much as they wish, (in hospital this is often referred to as protected mealtimes).
- Create mealtimes that are for enjoyment and socialising if desired or eating quietly alone if preferred. It can also be helpful for staff to sit and eat with residents and to talk about the food and encourage the chef or cook to come and talk to residents about the meals.

The importance of all staff in creating a positive dining experience

Below are some hints and tips that show how all the staff in a care home have a role in encouraging residents to eat well and enjoy their food and drink.

Carers – preparation for meal times

- Encourage your resident to go to the toilet before meals if needed and/or wash their hands.
- Use signage for meal areas.
- Making sure glasses or dentures are in place ready for the meal.
- Ensure your resident is sitting upright and is comfortable.
- Consider using adapted cutlery and coloured plates.
- Use plate warmers to help keep food warm if necessary.
- Avoid distracting items on the meal table.
- Set a table to eat and enable residents to help in this activity if they wish, this can help give clues that it is a meal time for those with dementia and memory loss.

Setting tables differently for each type of meal will improve orientation to time and stimulate appetite.

- Use contrasting colours for table cloth and plate, and plate and food. Patterns may be distracting or confusing for those with sight loss or dementia.
- Create a homely and welcoming atmosphere e.g flowers on the table, jugs of water.
- Consider music, lighting, comfort.
- Make sure the dining area is a calm environment. A stressful or busy environment may discourage eating and try to calm residents before mealtimes, if they are anxious or distressed.
- If assistance is required with eating and drinking, try and do this in a way which will encourage eating, for example sitting those who need assistance where they feel comfortable.

Practice point

Salt and Pepper and other condiments

Residents should be able to choose whether they want salt or pepper at the table to taste. Remember that some residents may have had large salt intakes and may take time to adjust to less salty food provided.

Chefs and cooks – making food appealing

- Sight and smell can play an important role in stimulating appetite so present all meals attractively and make appetising with different flavours and colours.
- Smells of cooking and baking can stimulate conversations about food and help people look forward to meals.
- Serving smaller meals and offering a second portion might help stop feelings of being overwhelmed by a meal that is perceived as too large by a resident.
- Use different textures (where safe to) such as adding croutons to soup or syrups to ice creams.
- If a special diet such as a modified texture diet is needed; try to ensure that the food looks similar to its original shape – see section 2C.
- Ensure the food is the correct temperature. Hot meals should not be left to go cold and cold foods not left for periods to go warm.
- Be actively involved in talking to residents about food and meal preparation.

Carers – food service during meal time

- Always ask what the resident likes to eat and ensure they are served meals that they have ordered. Dish up or serve your resident a small amount of food at any one time.
- Ask residents what makes them feel most relaxed when eating. They might feel anxious, need reassurance and might be too embarrassed to ask for whatever they need to help them to eat more.
- Use encouraging and positive language as this can make food seem more appealing such as “This meal looks warming on a cold day” and describing food such as “The mousse is fresh, zingy and refreshing” to entice the senses.
- Use appropriate personal protective equipment if needed and remember that use of plastic aprons and gloves can be off-putting and clinical.
- Cut foods into small pieces for those who need it.
- For those who have weakness e.g. from a stroke, place plates and cutlery near to the stronger side of the body.
- Try to minimise distractions and interruptions during mealtimes, as distractions may mean not as much is eaten.
- It is very important to ensure that mealtimes are not rushed, this will help to reinforce the importance of mealtimes.
- If residents are struggling to eat due to having difficulties in holding cutlery, get advice on using adapted cutlery or items such as plate guards.
- Always ensure there are adequate staff to supervise meal times in case of choking or accidents.



Carers – assisting a resident to eat

- Provide assistance only where required e.g. to open packets, pour drink, cut up food with dignity and respect.
- Maintain dignity during mealtimes, only provide as much help as is needed, aiming for as much independence as possible.
- Give your resident your full attention, avoid talking to others or being distracted.
- Try to sit at the same height as the person you are helping, sit facing the person and maintain eye contact and talk to them.
- Encourage your resident to allow time between each mouthful and avoid removing your resident's plate early.
- Try prompting or reassuring your resident as appropriate rather than asking and reminding directly, use a gentle tone of voice.
- Some residents may need verbal cues to remind them to open their mouth or swallow.
- For those who have visual impairment, describe the position and appearance of food items and drink, so that they know what to expect in each mouthful. Use touch to encourage the person.

Carers – after meals

- Carers should observe what has been eaten and drunk and if ongoing concerns, follow the guidance on screening for risk of malnutrition (see section 6).
- Where appropriate, monitor food and fluid intake and complete a food and fluid chart.
- Remove spilled food or drinks after meals and help with hand-washing.
- Check that no food is left in the mouth after eating.
- Ensure good oral hygiene after eating.
- To support dignity, if any spillages have affected clothing, offer to clean or replace the item.

Manager and/or responsible individual (RI) – overall food service

For an effective food service and quality dining experience the manager and RI should ensure that there is effective communication with all staff about roles, responsibilities, specific policies and procedures, menus and menu planning and food procurement processes. Staff should feedback specific requirements that residents may have and/or enable the resident to themselves.

Clinical lead/qualified nurse – more detailed monitoring

For residents identified as being at high risk of malnutrition and/or with complex clinical needs, nursing staff should liaise with carers and chefs regarding meeting dietary needs appropriately.

Good communication

Never underestimate the importance of good communication. Listen to your resident; it may be that they are reluctant to reveal why they are eating less and feel embarrassed. It may be that they do not fully understand how important good nutrition and hydration is to overall health and recovery from any ailments.

- Talking to a resident about the meal they are eating might help encourage them to eat more. Having a conversation and being positive about the meal might help entice residents with a small appetite to eat more.
- Encourage mindful eating; talk to your resident about the look, smell and taste of the meal. Encourage them to talk about their favourite foods.
- Offer encouragement. Remind your resident that the food they are eating is good for them and eating as much as they can manage comfortably will help them to maintain good health.
- Be enthusiastic!

Remember to use the right language, using some terms can be upsetting and at worst judgemental.

Using the right language	
Negative, deficit based terminology	Positive, strengths based terminology
The frail elderly	Older people with high support needs
Elderly Mentally Infirm (EMI)	People with dementia
Dements	
People suffering with dementia	People living with dementia
People afflicted by dementia	
Wandering	Walking
Feeders	People who need help or assistance with eating
36 (i.e. naming a care home resident by their room number)	Never a number!
Not there	Still here
An empty shell	A person

Source: Good Work: A Dementia Learning and Development Framework for Wales

Additional practice points for helping residents with dementia to eat well and enjoy their food

Practice point

Crockery and cutlery

- Lightweight plates with a broad rim or lipped plates, may help a better grip.
- Specialised lightweight glasses and cups.
- Bright coloured plates that contrast with a plain table cloth to help differentiate food (plain blue, yellow, green, red) have been shown to help increase appetites. Colour requirements may vary with different individuals living with dementia.
- Weighted handle cutlery or specially adapted cutlery.
- Non slip plain colour placement mats.

Practice point

Choosing a meal

- Best practice is to offer a choice of meals at point of delivery and showing the meals on a plate.
- Picture cards on menus are also useful.
- Memory cues for different or favorite meals such as fish and chips in paper, picnics in a beach environment.



Remember to use contrasting plain table cloths.

Taste changes

Sensory changes such as changes in taste, smell and hearing can change as people age. Taste changes can occur as a result of illnesses such as Parkinson's, Alzheimer's Dementia and during treatment for cancer. Other factors such as oral thrush, gum disease and dentures can leave a bad taste in a resident's mouth that changes the way food tastes. Medications may make the mouth dry or alter a resident's sense of taste.

The following points may help care home staff to support residents with taste changes:

Chefs and cooks

- Use pepper or herbs and spices in dishes to enhance flavour.
- Ketchup, mustard and dressings can all help to add extra flavour.
- Marinating fish and meats can help to add a strong flavour.
- Strong flavoured foods, spicy foods or previously disliked foods may now be enjoyed, try adding additional spices, herbs, onion, garlic, chilli, curry sauce to meals.

If a preference for sweeter foods try:

- Naturally sweet vegetables.
- Sweet and sour sauces in cooking.
- Adding honey to vegetables.
- Adding a little sugar to mince, stews or potatoes.
- Using milk based puddings.

If sharp flavours are preferred, try adding lemon, lime or orange zest to savoury sauces or as garnish on puddings.



Carers

- Oral care: encourage residents to brush their teeth regularly. Brushing before meals or refreshing with a minty mouthwash may be helpful for some residents. Be aware that cutlery might taste metallic to a resident, try reusable plastic ones instead.
- Try to encourage residents to eat foods which have more flavour e.g. curry or foods with spice.
- If a resident has lost their appetite for certain foods, try to encourage meals you know they will enjoy.
- Encourage cold foods as these may be more palatable than hot foods.
- If a resident can no longer drink tea or coffee, encourage them to try green or fruit teas, such as lemon teas or cold drinks.
- Between meals offer ice-cubes or fresh pineapple or grapefruit pieces to help freshen a resident's mouth. Boiled fruit sweets or mints may also help but take care regarding oral health.
- Encourage residents to have a glass of fruit juice and have some fruit during or after a meal. You could also encourage them to try fizzy water/lemonade with lemon juice.
- Offer table sauces, chutney, pickle, relishes, vinegar, or mustard.

Note: The use of finger foods can help residents with dementia to maintain their food intakes; this is covered in Section 2B.

Engagement in daily activities involving food

This again is important for all residents and for those living with dementia. It can help to give people a sense of purpose and value and trigger memories of activities carried out when younger.

- If your care home has an allotment, encourage residents (who are able) to help plant and pick fruit, vegetables and herbs or grow in boxes or raised beds.
- Where possible and appropriate, encourage residents to help with kitchen tasks such as scrubbing vegetables or potatoes.
- Talk about residents past role in food, cooking and caring.
- Involve residents in some aspects of the meal preparation which are meaningful to them, laying the table, preparing vegetables, clearing away, washing or drying up, stirring cake mixes.
- Organise tasting sessions with different themes to stimulate interest, this could also include tasting new menu ideas with the chef.
- Keeping chickens (note: food safety rules) See also section 5.



Consideration for residents who may be drug &/or alcohol misusers

You may have identified some residents in your care that drink regular alcohol or mis-use drugs.

This may result in a number of nutrition related problems, such as:

- Poor appetite and weight loss.
- Nutritionally inadequate diet.
- Constipation (drug misusers in particular).
- Dental decay (drug misusers in particular).

Reasons for nutrition related problems include:

- Drugs/ alcohol themselves can often cause poor appetite, constipation, craving sweet foods (drug misusers in particular).
- Lack of interest in food and eating.
- Poor dental hygiene and dental problems from the effect of drugs on saliva.
- Irregular eating habits.
- Poor memory.
- Infection with HIV or hepatitis B and C.
- Eating disorders with co-existent substance misuse.

Prior to living in a care home they may also have experienced:

- Poor nutrition knowledge and skills.
- Low income, intensified by increased spending on drugs or alcohol.
- Homelessness or poor living accommodation.
- Poor access to food.
- Chaotic lifestyles.

Any combination of these affects prior to and living in a care home, can lead to chronic malnutrition.

It may be agreed that a resident has the capacity to decide that they wish to continue to consume alcohol, regardless of the risk to their health and wellbeing. When this is the case it is important that alcohol is not consumed in place of meals. If the resident is leaving the premises, it may be necessary to consider how meals and snacks can be suitably provided to fit around this.

Should oral nutrition supplements (ONS) be used?

Prescribing ONS for misusers of alcohol or drugs requires consideration. The following list describes examples of problems which can occur:

- ONS may be taken instead of meals and are therefore of no benefit.
- ONS may be given to other residents or visitors.
- Drug and/or alcohol misusers can be poor clinic attendees, making it difficult to weigh and re-assess need for ONS. Consider escorting to appointments or whether assessment within the care environment is more appropriate.
- Once started on ONS it is difficult to discontinue them.

Prescription for oral nutrition supplements should be used only in acute circumstances or when assessed by a dietitian and recommended.

Palliative care and supporting residents to eat and drink

A person's ability to eat or drink may deteriorate rapidly during palliative care. This can happen early on or in later stages of disease progression.

Loss of appetite and not being able to eat and drink is very difficult for both residents and those closest to them, as food is a big part of caring and nurturing. The emphasis on nutritional care should always be on the enjoyment of nourishing food and drinks and maximising quality of life. This includes focusing on all aspects of nutritional care, particularly when changes in taste, smell and appetite are affected. Good team working, planning and supporting decision making, can make the process a lot easier for the individual and their family to deal with, see also section 2A.

The MUST screening tool can be used to identify risk in early to mid palliative care stages and as disease progresses the focus should be on person centred care to manage symptoms and provide comfort.

It may be necessary to modify textures of food and drink if the resident experiences swallowing issues (see section 2C) which may add further emotional and psychological problems. This needs careful management considering the risks and benefits of eating and drinking for each individual to enable optimal quality of life.

Management of palliative residents can be divided into three stages: early palliative care, late palliative care, and the last days of life.

<p>Nutritional management in early palliative care</p>	<p>In early palliative care the resident is diagnosed with a terminal disease but death is not imminent. Residents may have months or years to live and maybe undergoing palliative treatment to improve quality of life.</p> <p>Follow local malnutrition guidelines to screen and assess residents using MUST. Early intervention will focus on 'Food First' approaches (section 2A) which could improve the resident's response to treatment and potentially reduce complications. Use of prescribed oral nutritional supplements (ONS) should be assessed on an individual basis, by a health professional.</p> <p>Awareness of the resident's wishes (for example, through an Advance Care Planning Document) should be a priority. Artificial hydration and Nutrition may be explored (e.g. fluids through a drip or tube) if it is appropriate and could make the resident more comfortable. This requires a multidisciplinary approach to assess the risks and benefits of continuing to be fed to enable optimal quality of life for that individual.</p>
<p>Nutritional management in late palliative care</p>	<p>In late palliative care, the resident's condition is deteriorating and they may be experiencing increased symptoms such as pain, nausea and reduced appetite.</p> <p>Residents should be encouraged to eat and drink the foods they enjoy. The main aim is to maximise quality of life including comfort, symptom relief and enjoyment of food.</p> <p>Nutrition screening, weighing and initiating prescribing of ONS at this stage is not recommended.</p>

**Nutritional management
in the last days of life**

In the last days of life, the resident is likely to be bed-bound, very weak and drowsy with little desire for food or fluid. Signs of symptoms which may cause discomfort, such as dehydration should be checked for every day. Help should be given to keep the patient's mouth and lips moist.

People who do want to drink should be given help to carry on drinking if they can still swallow but it is important that they are checked for problems with swallowing.

The main aim at this stage should be to provide comfort for the resident and offer mouth care and sips of fluid or mouthfuls of food as desired.

Keeping physically active

Exercise is vitally important for good mental health and well-being. Exercise leads to the release of certain hormones which can improve mood and also helps to prevent muscle loss, which in turn can help prevent falls.

In care home settings, gentle physical activity can be encouraged according to individual need and ability. Activity co-ordinators can play a huge part in helping to improve well-being, mood and increase social interaction.

Ways to encourage physical activity for those in the care home setting who are able to

- Try to encourage residents to walk as much as possible throughout the day. Ask staff or family members to help join in if you are worried about a resident falling.
- Ask your GP or Occupational Therapist about walking aids for residents who may require them.
- Encourage individuals to try standing up from their chair regularly.
- Chair-based group activity sessions with an instructor can help to improve the activity levels of residents who cannot walk.

It is important that those in the care setting are as active as they can be, as this will help maintain independence, mental and physical health. Making the activity purposeful can encourage participation. Examples include planning ahead of meal times to allow time to move to the dining area, regular toilet breaks to avoid the “last minute” rush, having a time-table of activities such as film nights, which tempt residents away from their room or usual seating area.

Encouraging gentle physical activity will help to maintain balance, strength, flexibility and co-ordination.

Exercise, food, hydration and falls are all linked

Keeping hydrated can help prevent falls and good nutrition will contribute to a person’s ability to retain the strength required to be active.

Exercise is also good to help prevent muscle loss and wasting which can increase the risk of falls. Weight bearing exercises are particularly good.



Acknowledgments and Resources

- The Caroline Walker Trust 2011, Eating Well: supporting older people and older people with dementia.
Available at: www.cwt.org.uk/
- Alzheimer's Society, 2014. Guide to catering for people with dementia.
Available at: www.alzheimers.org.uk/get-support/publications-and-factsheets/guide-catering-people-dementia
- Bournemouth University Dementia Care Programme
Available at: www.bournemouth.ac.uk/nutrition-dementia
- Course material from Improving Food and Nutrition Care, Nutrition Skills for Life, Public Health Dietitians in Wales.
- Physical activity and falls prevention 'Get up and go – a Guide to staying steady'.
Available at: www.wales.nhs.uk/sitesplus/documents/888/get_up_and_go.pdf
- Ageing Well in Wales and Falls prevention.
Available at: www.ageingwellinwales.com/en/steadyon
- Good work: A dementia learning and development framework for Wales
Available at: www.socialcare.wales/cms_assets/file-uploads/Good-Work-Dementia-Learning-And-Development-Framework.pdf

Palliative care

Resources

Macmillan Cancer Support. Macmillan Durham Cachexia Pack. 2007.
Available via www.learnzone.org.uk/courses/course.php?id=38

Further reading:

Spiro, A. (2018) Nutritional Management in Palliative Care, Nursing in Practice.
Available at: www.nursinginpractice.com/community-nursing/nutritional-management-palliative-care

Dorothy House Hospice (2016) A holistic approach to nutrition and diet in palliative care.
Available at: www.fons.org/library/report-details/70527

FOOD & NUTRITION in Care Homes for Older People

Section 5

Food hygiene and Safety

Section 5

Food hygiene and Safety

This section provides an overview of the food hygiene and safety practices that are covered by regulations and refers you to the appropriate guidance, for more detailed information on managing food hygiene and safety.

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Importance of food hygiene and safety

Older people in your care are a vulnerable group and are more susceptible to food poisoning than the general population. Food poisoning can be a very serious illness and infectious diseases are more prone to spread in care settings.

It is therefore essential to store, handle, prepare and present food in a safe, hygienic environment to help prevent harmful bacteria spreading and growing and to avoid food poisoning.

Food poisoning occurs when the food consumed contains harmful bacteria, viruses or other microbes, collectively known as germs.

Germs are very hard to detect since they do not usually affect the taste, appearance or smell of food. They can multiply very quickly and to do so need moisture, food, warmth and time. Most food poisoning is preventable.

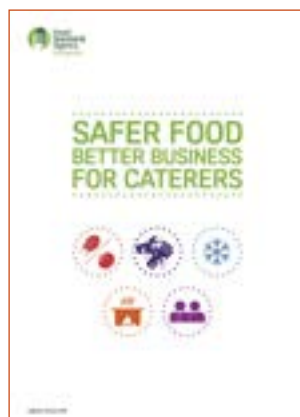
There is a legal requirement for all settings that prepare and/or serve any food and drink to be registered as a food business with the Environmental Health Department in the local authority.

Food safety management and food hygiene practice for the care home setting

Care homes must have a written Food Safety Management System (FSMS). The FSMS must explain how safe food is produced by identifying food safety hazards and the controls needed to minimise the hazards.

Small residential care homes may wish to use a FSMS called Safer Food, Better Business (SFBB) along with a Residential Care Homes Supplement. These have been produced by the Food Standards Agency to help small businesses with food safety management procedures and food hygiene regulations. To access these go to:

<https://www.food.gov.uk/business-industry/sfbb>



To access Safer Food Better Business toolkits go to:

<https://www.food.gov.uk/business-industry/caterers/sfbb/sfbbcaterers>

<https://www.food.gov.uk/business-guidance/safer-food-better-business-supplement-for-residential-care-homes>

The SFBB pack and supplement are not suitable for larger residential care homes or for nursing homes, as a more detailed and comprehensive food safety management system is required. These types of businesses require other food safety procedures that are not covered by SFBB, for example a full infection control policy.

The information in the Safer Food Better Business packs is based on the 4 C's of food hygiene and safety management:

- Cross contamination.
- Cleaning.
- Chilling.
- Cooking.

Cross Contamination

This is one of the most common causes of food poisoning. It happens when harmful bacteria are spread onto food from other food, worktops, hands or utensils. Good cleaning and handling practices help stop bacteria from spreading and can also help manage the risk of cross contamination from allergens. Good personal hygiene is essential for staff handling and serving food, and assisting residents to eat.

The E Coli O157 guidance on cross contamination must be followed by catering staff:

<https://www.food.gov.uk/business-guidance/e-coli-cross-contamination-guidance>



It is also important that residents undertake basic hygiene practices themselves, if able or are supported to, e.g. washing their hands with soap and water before eating meals or snacks, and after going to the toilet or handling animals, and not eating food that has fallen on the floor.

Chilling

Chilling food can help reduce the risk of food poisoning. At temperatures below 5 °C, most bacteria remain dormant but can start to multiply again if warm conditions return. Listeriosis is particularly serious for older people as there is a high fatality rate. The following guidance provides advice about how to minimise the risk:

<https://www.food.gov.uk/sites/default/files/media/document/listeria-guidance-june2016-rev.pdf>



Cleaning

Effective cleaning and disinfection, and disposal of waste is essential to get rid of harmful bacteria and allergens, to stop them spreading to food.

Cooking

It is essential to cook food properly to kill any harmful bacteria. If it is not cooked or reheated properly it might not be safe to eat. Bacteria multiply best between 5 and 63 °C but are destroyed at temperatures of 75 °C.

Gift food and food brought in from home

You have a responsibility to ensure gift food and food brought in from home is stored safely.

Relatives and friends may bring in gifts of food or food from home for residents. Residential care homes can refer to the SFBB residential care homes supplement for information about this. Nursing homes need to consider gifts of food and food brought in from home in their food safety management system.

It is recommended that information regarding gift food and food brought in from home is given to residents and visitors, so they are clear about what is acceptable.



Food Hygiene training for care staff

All food handlers must be suitably trained, according to their role. Generally, it is expected that those handling open, high risk foods or those in a supervisory role, will complete a recognised Food Hygiene course, such as a Level 2 Food Hygiene Certificate or equivalent, within 3 months of starting work. In the meantime, food handlers will need supervision by suitably trained staff.

It is advised that kitchen managers, chefs and cooks undertake Level 3 Food Hygiene training. It is recommended that training is updated at least once every 3 years.

The level of training will depend on the role staff have in food handling and preparation. For further detailed information about food hygiene training requirements, please refer to the Catering Guide which can be found at the link below:

<https://www.bha.org.uk/book/#/reader/chapter/3>

Allergens

It is a legal requirement for food businesses to provide information about the 14 allergens used in the food and drink they serve. You need to be able to supply information for each item on your menu that contains, as an ingredient, any of the 14 allergens.

It is a legal requirement to keep a record of what food products you have bought, who you bought them from, the quantity, and the date and allergen information. Usually the easiest way to do this is to keep all your invoices and receipts.

Safer Food Better Business for Caterers has information and guidance on managing allergens in food and safe food preparation and practice to avoid cross contamination. Refer also to Section 2 of this guidance on menu planning – providing food allergen information.

There are some helpful tools and templates to help you record allergenic ingredients in your dishes. You can find this and other tools at:

<https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses>

It is advisable that kitchen staff and food handlers have training on food allergens to ensure the safety of residents with allergies.

It is important to know what to do if you care for a resident who has a food allergy, because allergies can be life-threatening.

See also:

<https://www.food.gov.uk/business-guidance/allergen-guidance-for-institutional-caterers>

Involving residents in food preparation as a daily activity

Growing food, washing and eating it

Residents will benefit from being involved in growing their own vegetables, even if this is a small raised bed or window box. However, care must be taken to avoid any infection which can spread easily through cross contamination.

Best practice needs to follow E coli O157 guidance:

<https://www.food.gov.uk/business-guidance/e-coli-cross-contamination-guidance>

Cooking with residents

Cooking with residents is an enjoyable activity and an effective way of helping many residents, particularly those with dementia, to talk about food memories. They may also contribute their own recipes and ideas for menus and help try out and test new recipes.

Training for supporting residents to cook and prepare food

It is best practice for you and your staff to undertake as a minimum, a Level 2 Food Hygiene Certificate.

Key points to remember when supporting residents:

- Plan carefully and make sure you have everything you need before you start.
- Show the residents how to do it, be patient and enjoy watching their skills and confidence improve every time you cook.
- It is good practice to cook a range of different foods and use healthy foods that follow the food and nutrition standards and guidance.
- Recipes which evoke memories of the past can work well with residents.
- Make sure residents are appropriately supervised and good hygiene practices are followed e.g. thorough hand washing.

Trips and outings

Insulated cool boxes, or a cool box with ice packs, should be used for carrying food when taking residents on trips or outings. Remember to follow the food best practice guidance for suitable food choices and food safety.



FAQ's

Q: We are a large care setting and meal service can take a while and we are nervous about serving rice to our residents because it is a high risk food. How long is it acceptable to leave between rice being cooked and served?

A: It is acceptable to serve rice to residents as it is a good source of starchy carbohydrate to provide variety at mealtimes. However, care must be taken because if cooked rice is left at room temperature, spores can multiply and produce toxins which cause food poisoning. Reheating will not get rid of these. Holding time should be as short as possible and will depend on your type of food service, facilities and numbers. It is recommended that rice is served within an hour of being cooked.

Q: We have 2 residents with a dairy allergy and want to bulk cook some items and freeze in small portions. Is it ok to freeze home made rice pudding made with soya milk?

A: Yes, it is acceptable to freeze rice pudding. It must be cooled as quickly as possible (a maximum of 90 minutes at room temperature, less if possible), then placed in the freezer. It can be difficult to cool large amounts of food quickly. The food may need to be portioned or spread out on shallow trays. Remember to label with the date of freezing and keep for no longer than 3 months as the quality of the product when thawed and reheated may deteriorate. Defrost the rice pudding in the fridge and reheat to the correct temperature. Check the instructions on the soya milk to ensure it is suitable for freezing.

Q: Has the advice changed on giving soft boiled eggs ?

A: Yes, the Food Standards Agency revised the guidance in 2017. Consumers who may be more vulnerable to infection, which include older people, can eat raw or soft boiled hen eggs or foods containing lightly cooked hen eggs provided that they are produced under the British Lion Code of Practice.

This ensures that all hens are vaccinated against Salmonella and all hens, eggs and feed are fully traceable. The eggs should be stored in the fridge and used within the durability date.

Q: Are older people care settings ok to serve eggs laid by their own chickens?

A: No – they will not carry the Lion brand or equivalent, which gives assurance that flocks have been vaccinated against Salmonella.

Q: Does the guidance on the use of sprays that comply with the E coli O157 guidance differ for different types of care home settings?

A: No, all residential care homes and nursing homes have to conform to using a spray that complies with BS EN 1276 or BS EN 13697.

Q: Who do I ask for advice on food hygiene and safety?

A: You can approach your local authority environmental health department for advice. The Food Standards Agency website also has useful information.

<https://www.food.gov.uk/>

Q: Do I need to wash all fruit and vegetables even if bought in a sealed packet?

A: Yes, it is important to wash or peel all fruit and vegetables before eating, unless they are labelled as ready to eat

Q: We have a number of residents with different cultural requirements and their relatives like to bring extra meals in or their favourite foods, to tempt them. Is there anything that we should tell them not to bring in?

A: Please refer to the detailed guidance in the Safer Food Better Business - Residential Care Homes supplement.

FOOD & NUTRITION in Care Homes for Older People

Section 6

Assessing and monitoring dietary needs

Section 6

Assessing and monitoring dietary needs

This section contains guidance on how to assess, record and monitor residents' food and drink intake and what to do when there are concerns.

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Malnutrition

Malnutrition is a state of nutritional deficiency (under nutrition) or excess (over nutrition) of nutrients such as energy, protein, vitamins and minerals. Malnutrition causes health problems which can affect the composition and function of the body with serious consequences.

For the purpose of this section the use of malnutrition will refer to under nutrition.

When people are malnourished, this affects their basic health and well-being, which makes it an important safety issue.

Older people may have reduced energy requirements but the need for other nutrients is the same so they need a high quality diet rather than more quantity. This is especially important if appetite is also poor and food intakes are less.

Initial assessment of dietary habits

Section 1 already highlights the importance of preventing malnutrition in the residents that you care for, as the effect on health and well-being can be great. One of the first steps in preventing malnutrition is to ask all new residents about their usual eating and drinking habits to see if they have any current problems. This should include asking a resident about their:

- usual meal and drink pattern and timings;
- eating and drinking likes and dislikes;
- cultural/ethnic/religious requirements;
- preferences for mealtime environment;
- physical or sensory difficulties with eating and drinking;
- ability to communicate their food and drink preferences;
- the need for adapted cutlery or assistance to help with eating and drinking.

Also if there are any other specific requirements such as:

- a special diet for a medical condition;
- specific food allergy
- a texture modified diet
- the need for food fortification

This should also form part of their personal plan.

Once a full history of a resident's dietary needs is known, this should be regularly reviewed and also re assessed when there are any concerns about their intakes.

In addition, residents should receive a full mouth assessment carried out by a dentist within a week of arriving in the care home, to inform the plan and to ensure they are able to eat and drink a full range of menu choices.

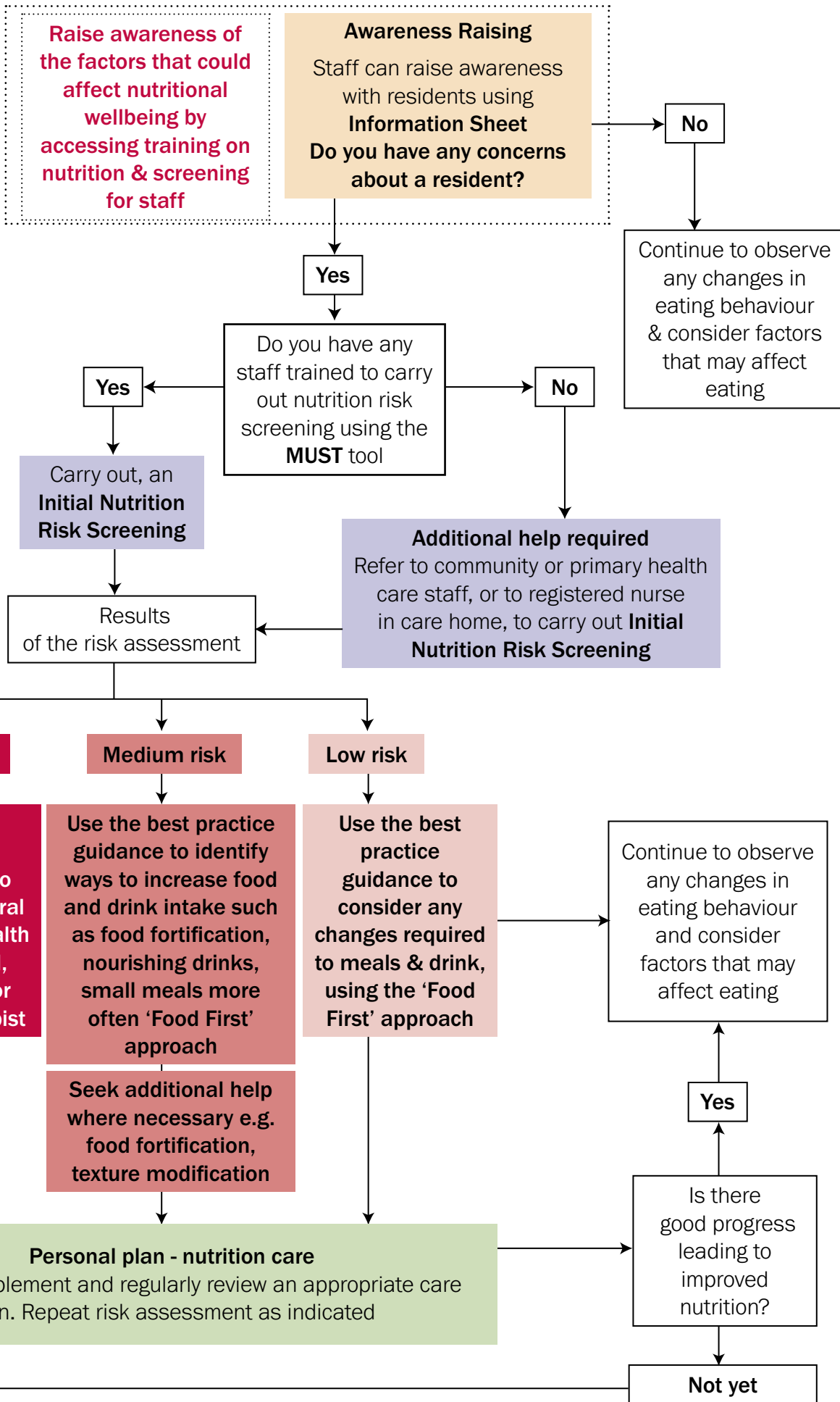
Pathway for the management of malnutrition in a care home setting

The following section and diagram 1 outlines a nutrition pathway and the key questions and decisions to make when you have concerns about a resident's food and drink intake.

The long-term aim is to restore the person to the point where they can be independent and manage themselves as far as possible.

Diagram 1 – Pathway for the management of malnutrition in care home settings

For further information, refer to the coloured sections on next page



Awareness raising

All staff in a care home setting should be looking out for the signs that a person has difficulties with eating and/or drinking, or is losing interest in food. Even if there are no immediate causes for concern, prevention is better than cure. You should take regular opportunities to talk with residents and raise their awareness of the importance of eating and drinking and discuss any problems that may arise. This may be due to the type of food being consumed or the quantity, a difficulty with eating, a loss of interest, or ill health. Starting a discussion about food, in a sensitive way, raising awareness and looking for the warning signs, are all part of quality care. The **Awareness raising Information Sheet** may help with those conversations.

Having a conversation about the menu choices, meal times and social aspects of eating may help you to identify any potential problems with eating and drinking. Talking to relatives, when a resident has less capacity to be able to express their feelings and thoughts about food and drink, may also be helpful.

If you feel that the resident would benefit from having small amounts of food more often or enriching food, refer to the **food first** and **food fortification** section 2A. Simple encouragement at meal times, support from relatives or assistance with meals, may also help. Also refer to Section 4 which provides tips on assistance with eating.

If you are very concerned about the food and drink intake of a resident and what you have put in place is not having the desired result, you will need to contact a health professional. Refer to your local policies and procedures for identifying when to involve a health care professional and where necessary refer to a dietitian.

Always ensure that any information about difficulties in eating and drinking and specific needs are obtained from another setting e.g. when residents have been discharged from hospital, transferred from another setting or arriving from home. Often if people have been staying in their own home for as long as possible, their nutrition and hydration are likely to be at risk.

Awareness raising – Information sheet

Is a resident you care for at risk of malnutrition?

Eating and Drinking less

Have you observed a change in eating and drinking? Eating and drinking less, not being able to finish meals or leaving meals can lead to unbalanced or inadequate nutrition.

Risk factors for malnutrition for residents living in a care home include:

Major life events

Ask about any recent events that may have a big impact on mood, mental wellbeing and may have affected food and drink intakes. These events may include the reason for being in the care home and the big change in surroundings, a bereavement, illness, surgery or falls.

Independence

People who lose independence may be less able to take an active part in the social aspect of mealtimes. This can happen in a care home if a resident is not enabled and encouraged to retain their independence as long as possible. Independence may be limited by changes in eyesight, stiffness, pain, weakness, confusion, falls or lack of confidence. Residents may also be less able to express their choices.

Health and illness

Difficulty chewing or swallowing, pain, indigestion, constipation, diarrhoea, forgetfulness, depression and breathlessness are all symptoms that can affect the desire to eat and drink.

Weight changes

Losing weight without trying to is a sign of eating less than needed. Indications of weight loss include clothes, rings and even dentures becoming looser.

Tips on how to spot weight loss and poor nutrition – look for the following signs

- A poor appetite or reduction in usual appetite.
- Clothing, jewellery, dentures becoming loose.
- Tiredness, loss of energy, muscle weakness
- Reduced physical performance and greater risk of falls.
- Constipation.
- Altered mood and changes in behaviour.
- Poor concentration.
- Poor wound healing.

These may be symptoms of other things or be exacerbated by not eating.

If you think a resident may not be eating enough then this can be monitored using a

food intake chart – see Appendix 3 All Wales Food Chart.

Preventing dehydration

Every day observations have been shown to be inaccurate in detecting signs of dehydration. It is always best practice for nursing and care staff to focus on supporting residents to drink what they require to keep hydrated. Make sure you have a good plan in place to ensure that all residents are offered regular drinks and are supported and prompted when necessary. See Section 3 for more on drinking and hydration.

If you think a resident may not be drinking enough then this can be monitored using a fluid intake chart or self-assessment.

Initial Screening of nutritional risk

Screening for malnutrition should be regularly performed to identify the level of risk to each resident. Care homes in Wales are recommended to use the Malnutrition Universal Screening Tool (MUST) for community nutritional screening. This is a simple 5 step screening tool which helps to identify adults who are underweight and at risk of malnutrition. Work is ongoing to add some additional questions to the tool which is called

MUST 'plus' – to make it more appropriate for use across the whole community including care homes in Wales.

The BAPEN 'MUST' resource pack contains all the information you need to undertake MUST screening including on how to measure weight and height accurately:

www.bapen.org.uk/musttoolkit.html.

Practice point

You may be able to undertake **Initial Nutrition Risk Screening** yourself if you or your staff are trained in the process. Otherwise you may need to refer to community or primary health care staff, or to a registered nurse in the care home, to carry out. Check the local policy or procedures.

Results of the nutrition screening

Low risk

Identifying someone as low risk should not be a major concern, but that does not mean that no action is required. As with medium risk, the key is to act early to prevent any further deterioration and enable the person to eat and drink the required amounts independently. Repeating the screening at the regular, suggested intervals is important to identify any deterioration. Follow the advice in this guidance to assist with helping the person to eat well and for them to manage on their own.

Medium risk

It is important to take quick and decisive action to prevent further problems. People identified as medium risk are likely to have had poor food and drink intake for a few days, may have difficulty in eating unassisted and this may be made worse by dementia or other conditions.

It is important to ensure adequate fluid and food intake. See the advice on 'Food First' in Section 2A of this guidance, and the nutrition care plans for medium risk individuals.

Food may need to be fortified and given in smaller amounts with nutritious snacks throughout the day.

Individuals should be assessed for any physical problems that affect their food intakes, such as poor oral health, ill-fitting dentures, difficulty grasping and holding utensils.

Any changes in existing medical conditions that affect food intake may need to be assessed by a health professional.

Repeating the screening at the regular, suggested intervals is important to identify any deterioration which may result in further increased risk.

High risk

If screening reveals that the person is in the high risk category but that the condition does not appear to require immediate hospitalisation, you should check local referral procedures which may recommend an immediate referral to a dietitian in the local Health Board. It may also be necessary to refer to the Speech and Language Therapy department, if there are any swallowing difficulties.

Personal Plan – Nutrition care

It is important to obtain any support required from relevant healthcare professionals, as part of devising an appropriate plan for nutrition care.

Appendix 1 contains sample nutrition care plans for high and medium risk levels identified by the nutrition screening tool. It lists the sorts of conditions and signs to look out for. Some of these are simple observations (e.g. appearance, fatigue, struggling with eating and drinking) whereas others may require simple measurements of weight loss and body mass. It also suggests what should be included in a care plan for each risk level, in order to restore the person's nutritional health. Always remember to observe and assess both food and drink intakes.

Nutrition care plans should be supported by an oral health risk assessment, there is an all Wales oral health risk assessment as part of the Gwên am Byth programme for care homes – see Section 2.

Processes must be in place to ensure nutrition care plans are written which include goals to achieve and regular monitoring of progress, with clear arrangements for recording.

Nutrition care plans may be adjusted on the advice of a health care professional. It is

important that if specific recommendations about food and fluid intakes are made, a named member of staff takes responsibility for agreeing how this will be recorded in the care plan. The health care professional may provide their recommendations within your care home record keeping and/or by letter but may not necessarily specifically amend the individual care plan.

End of Life care

If an individual is receiving end of life care their needs will be very different and comfort and quality of life are the main priorities. See section 4 for nutrition and hydration care in these circumstances.

It should be stressed that, if through your observation and relationship with the resident you are made aware that their health is at severe and immediate risk due to malnutrition, seek help straight away. This might be a conversation/referral with the GP, NHS Direct or the care home senior nurse.

Progress and monitoring

If a person has a nutrition care plan in place this should be actively monitored, reviewed, and adapted as conditions change.

Regular weight checks, repeated screening, and the use of food and fluid charts, will help to monitor progress.

Residents at risk of being malnourished should have a food record chart and staff should be taught how to record accurate food and drink intakes with reference to visual food and drink portion sizes. See Appendix 2 & 3.

Close monitoring and updating the care plan will help you to track any progress. Such progress may be from high risk to medium, or from medium to low and, over time, it is hoped that the progress will be sufficient for the person to retake control of his or her own nutrition.

If the progress is slow, or your assessment reveals a need to continue with the chosen care plan, then communicate this to all staff around the person and carry on with the regular monitoring and reviews.

All Wales food and fluid charts can be found in Appendix 4.

When recording intakes it is important to record what is not eaten and drunk and also, when and why, so that action can be taken and it can be corrected. Observing changes in behaviour at mealtimes can provide useful information on what needs to be introduced. For example, consider the following observations and related interventions in Table 1. These are particularly relevant for residents with dementia.

Practice point – record keeping

Regulated Services (Service Providers and Responsible Individuals) (Wales)

Regulations 2017, record keeping requirements:

- The record keeping requirements are set out in schedule 2 to these regulations. There is a requirement to record the care provided, which includes daily records.
- The requirement is for each person to have a personal plan, which sets out how an individual's care and support needs will be met on a day to day basis and how they will be supported to achieve their personal outcomes.
- These can include recording about individual food and drink needs.
- The personal plan can include dietary preferences and dislikes, allergies and specific nutritional needs.
- The nutrition care plan can document any specific dietary needs, support or assistance required and monitoring of food and drink intakes.

Table 1 Observing behaviour at mealtimes

Observation	Intervention
Food left uneaten or refused	<ul style="list-style-type: none"> • Offer smaller portions, smaller plate, more often with snacks • Check texture is suitable • Check likes and dislikes • Any changes in medication affecting appetite or taste? • Check if need assistance • Can they see/reach the food offered? • Have they recognised that there is a meal for them to eat? • Simple prompts/encouragement may be all the assistance required
Poor fluid intake	<ul style="list-style-type: none"> • Prompt and encourage regularly (this may need to be more often in hot weather) • Offer a variety of drinks, as well as usual favourites • Offer foods with high water content • Residents may need reassurance that drinking more will not worsen incontinence. See Section 5 hydration
Walks around during mealtimes	<ul style="list-style-type: none"> • Ensure mealtimes are calm and there are not too many distractions • Provide grazing menus or lunch boxes with finger foods • Take a walk before a meal, sit with residents to model eating • Offer more food/second helpings or additional snacks on occasions when eating well and not walking around • Consider if the walking is purposeful – for example, do they usually like to wash their hands before a meal? Can this be included in their routine earlier
Difficulties chewing or swallowing	<ul style="list-style-type: none"> • Use verbal cues and encouragement • Consider referral to a dentist and/or speech and language therapist as indicated • Ensure plenty of time available to eat before clearing plates • Consider how to keep food warm if taking a long time to eat
Difficulty using cutlery or drinking utensils	<ul style="list-style-type: none"> • Place crockery in hands • Offer finger food or assist with cutting food • Provide adapted crockery and cutlery • Consider “hand over hand” support
Distracted from eating	<ul style="list-style-type: none"> • Ensure mealtimes are calm • Make sure they have everything they need, glasses, dentures, glass of water • Verbal or manual clues • Sit together and model eating
Hoards or hides foods	<ul style="list-style-type: none"> • Serve smaller portions and more often • Consider why they may be hiding these items and whether reassurance could help – are they embarrassed that they couldn’t finish the meal? Are they afraid they may be asked to pay for food? Do they like a snack later in the day?

Acknowledgement – adapted with kind permission from ‘Eating and drinking well with dementia’ Bournemouth University www.bournemouth.ac.uk/nutrition-dementia.

Identifying those at risk so all staff can be alerted

Ensure that all processes are in place to support the resident and monitor progress and all staff are aware. For example, how do you alert other staff that:

- Screening is due monthly (depending on risk level)?
- Weighing is required weekly (depending on risk level)?
- A food record chart needs to be completed?
- A resident needs a specific texture modified diet?
- A resident only likes drinking weak tea?
- A resident needs extra snacks?
- There has been a change to the nutrition care plan?
- The cook or chef has been instructed to fortify foods and/or drinks?

Some of the ideas below may help

- Use of colour coding charts or clip boards, for example:
 - = high risk
 - = medium risk
 - = low risk
- A communication book to exchange ideas with kitchen staff when they are not on duty
- Enabling chefs and cooks to talk to residents on a regular basis about menu choices, and have tasting sessions
- Yellow lids on water jugs to identify those needing more encouragement or assistance with fluid
- Coloured place-mats to indicate that encouragement or assistance with food is required
- Consider the resident's confidentiality and dignity. For example place notice boards in kitchen area and away from public areas.

Meeting residents needs

Guidelines to improve nutritional intakes is covered in section 2 under Food First approaches and Food Fortification.

Accessing training

Information about training for care home staff is included in Section 7.

Contact the Dietetic department in your local health board about training on the 'MUST' tool and other nutrition training and updates.

Note: Appendix 1 contains a sample personal plan for nutrition care for an individual identified as being at high risk of malnutrition or medium risk following nutrition risk assessment.

These can be used as a guide or you may refer to local procedures and plans.

Appendix 1: Resources to support health professionals: Risk Classifications

Sample Nutrition Care Plan – High risk

Name:		Date:	
Identification of risk category			
High Risk:			
<ul style="list-style-type: none"> • Poor dietary intake >5 days • &/or swallowing/chewing problems • &/or inability to feed themselves 			
Plus:			
<ul style="list-style-type: none"> • Poor mental state due to dementia • Thin/emaciated &/or unintentional weight loss > 10% in 3-6 months • Compounding concerns increasing nutritional requirements, pressure ulcers etc • Recent surgery or discharge from hospital 			
Aims of nutrition care plan			
<ul style="list-style-type: none"> • To improve nutritional status and reduce risk score • Promote achievement of desirable weight • Improve patient's oral intake 			
Nutrition Care Plan		Review Date	Signature
Intakes			
Implement Food First approach.			
Note any specific likes and dislikes and alert relevant staff in line with local procedure.			
Provide snacks between meals.			
Provide homemade nutritious drinks.			

	Review Date	Signature
<p>Ensure any assistance required for eating and drinking is provided. Describe support required below:</p>		
<p>Ensure any recommendations regarding food and fluid texture modification are followed. Note the recommendations below:</p>		
<p>Ensure any specific advice for eating and drinking is followed i.e. positioning advice or strategies to help the swallow. List relevant strategies below:</p>		
Assessments		
<p>Weigh weekly and record as per local procedure.</p>		
<p>Undertake Oral Health Risk Assessment.</p>		
<p>Use food and fluid charts to record food and drink intake for at least 3 days. Use the All Wales Food and Daily and Weekly Intake and Output Charts. Consider if these indicate any further specific intervention and record below:</p>		
<p>Repeat screening after 1 month:</p> <ul style="list-style-type: none"> • If score improved, continue regime for a further month, then gradually reduce food fortification. 		
<p>If no change or deterioration consider specialist treatment below:</p> <ul style="list-style-type: none"> • Consider offering over-the-counter nutritional supplements or discuss with the GP the short-term prescription of the locally agreed first line nutritional supplement. • Refer to Dietitian for more detailed assessment/advice. 		

Nutrition Care Plan – Medium risk

Name:		Date:	
Identification of risk category			
Medium Risk:			
<ul style="list-style-type: none"> • Poor dietary intake >5 days • &/or swallowing/ chewing problems • &/or inability to feed themselves • Poor mental state due to dementia 			
Aims of nutrition care plan			
<ul style="list-style-type: none"> • To improve nutritional status and reduce risk score • Promote achievement of desirable weight • Improve patient's oral intake 			
Nutrition Care Plan		Review Date	Signature
Intakes			
Implement Food First approach.			
Note any specific likes and dislikes and alert relevant staff in line with local procedure.			
Provide snacks between meals.			
Provide homemade nutritious drinks.			
Ensure any assistance required for eating and drinking is provided.			
Describe support required below:			

	Review Date	Signature
<p>Ensure any recommendations regarding food and fluid texture modification are followed. Note the recommendations below:</p>		
<p>Ensure any specific advice for eating and drinking is followed i.e. positioning advice or strategies to help the swallow. List relevant strategies below:</p>		
Assessments		
<p>Undertake Oral Health Risk Assessment.</p>		
<p>Weigh weekly*.</p>		
<p>Use food and fluid charts to record food and drink intake for at least 3 days. Use the All Wales Food and Daily and Weekly Intake and Output Charts. Consider if these indicate any further specific intervention and record below:</p>		
<p>Repeat screening after 1 month:</p> <ul style="list-style-type: none"> • If score improved, continue regime for a further month, then gradually reduce food fortification. • If no change, continue this regime, reassess monthly, then if remain stable reassess quarterly. • If deterioration, follow HIGH RISK. 		

* Weigh weekly – if unable to weigh patient mid upper arm circumference (MUAC) can be used as an alternative to help assess/monitor nutritional status
MUAC >23.5cm is likely to mean BMI is less than 20kg/m².

If really concerned about a person's swallow consider referral to Speech therapist.

If really concerned about a person's nutritional status consider referral to a Dietitian, following local referral procedures.

Appendix 2: Meal and portion size guide

Siart Cofnodi Bwyd Food Record Chart Guide



Llywodraeth Cymru
Welsh Government

Diben yr wybodaeth hon yw eich helpu i roi gwybodaeth gywir am faint pryddau ar Siart Bwyd a Hylif Cymru Gyfan ar gyfer Lleoliadau Cymunedol. Cyfeiriwch at y lluniau isod wrth lenwi'r Siart. Rhaid cofnodi pob math o fwyd a gymerir yn gywir.

This information is designed to help you with accurate documentation of portion sizes on the All Wales Food and Fluid Chart for Community Settings. Please refer to the photographs below when completing the Chart. All food intake must be recorded accurately.

www.cymru.gov.uk

Maint Pryddau / Meal Sizes



Bach / Small

Canolig / Medium

Mawr / Large

Pwddin / Dessert

Faint ohono gafodd ei fwyta / Amount eaten



Dim / None

$\frac{1}{4}$

$\frac{1}{2}$

$\frac{3}{4}$

Prif Bryd / Main Meal

Faint ohono gafodd ei fwyta / Amount eaten



Dim / None

$\frac{1}{4}$

$\frac{1}{2}$

$\frac{3}{4}$

Bwyd o Ffynonellau Eraill / Other sources of food

Ychwanegion
maethol /
Nutritional
Supplements

Pryd ar ffurf piwrî /
pureed meal



F9151011

Appendix 3: Fluid volume guide

Drinking vessel		Fluid Volume
Small wine glass		120 ml
Small glass		140 ml
Small cup		150 ml
Large glass		180 ml
Regular mug		200 ml
Large mug		250 ml
Pint glass		500 ml

Appendix 4: Food and Fluid



All Wales Food and Fluid Record Chart for Community Settings

Please record all Food, Nutritional Supplements, Drinks and Nourishing drinks consumed. If NONE consumed please specify the reason on the chart.

Remember to:

- Record all food and drink consumed throughout the day
- Describe the type of food e.g. beef, bread, creamed potato
- Specify the quantity and meal size actually eaten e.g. ½ a small bowl of soup
- Specify the quantity of fluid consumed

Name:		Location:		Date:		Body wt kgs:	
Date of birth:		Food Chart requested by:				Date recorded:	
Meal/Snack	Foods / nutritional supplements / drinks / nourishing drinks / special diets eg pureed	Amount Taken				Action and Signature	
		Portion served (SML)	Amount eaten (None, ¼, ½, ¾, All)	Fluid consumed (mls)	Fluid Output		
Breakfast							
Cereal							
Milk/Sugar							
Cooked items							
Bread/toast							
Spread							
Drinks							
Mid Morning							
Snacks							
Drinks							
Lunch							
Soup							
Main item							
Potato/Rice							
Vegetables							
Pudding							
Drinks							
Mid Afternoon							
Snacks							
Drinks							
Dinner							
Soup							
Main item							
Potato/Rice							
Vegetables							
Pudding							
Drinks							
Supper							
Snacks							
Drinks							
Night Time							
Snacks							
Drinks							
Total fluids consumed in 24 hours/Total fluid output in 24 hours							
Any other nutrition							

All Wales Food and Fluid Record Chart for Community Settings

Guidelines for Completion

- All food and fluid charts should be marked with the patient's name, date of birth and location.
- The person requesting the food chart should state how long it is required for. This document can be used for a 24 hour period. Subsequent days should be recorded on continuation sheets.
- Please record all food and all fluid, e.g. nutritional supplements, all drinks and water consumed.
- Specify the food and fluid consumed, noting if only one type of food eaten.
- Indicate the portion size – Small (S), Medium (M) or Large (L) and the fluid volume served.
- Specify the quantity of food eaten e.g. none $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$ or all. When doing so please refer to the visual photographic guide for reference. Specify the volume of fluid consumed.
- If a meal is not eaten, or no fluid taken, please state the reason why e.g. refused, Nil by mouth (NBM).
- The fluid output column can be completed as appropriate e.g. wet pad or catheter output.
- Please total the fluid volume at the end of the 24 hour period.
- Specific actions required to improve food and fluid intake can be recorded in the Actions column.
- All entries should be signed.
- Please file charts in date order.

FOOD & NUTRITION

in Care Homes for Older People

Section 7

Putting the guidance into practice

Section 7

Putting the guidance into practice

The aim of this section is to help you to review your food and drink provision and nutritional care of your residents, so that you can identify areas of best practice and any actions for improvement.

You can inform and involve staff, residents and relatives in the process and be able to demonstrate to Care Inspectorate Wales and local commissioners how you deliver best practice for food and drink provision. This can include your overall ethos around food and drink and how you will ensure staff have the knowledge and skills to deliver quality nutritional care.

It includes the key food and drinks standards and best practice in all the sections of the guidance.

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Mae'r ddogfen yma hefyd ar gael yn Gymraeg
This document is also available in Welsh.

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The following example code of practice pulls together all the Best Practice Guidance. You can use and adapt the code of practice and the example policy and include in your statement of purpose. It can also provide an opportunity to inform prospective residents and their families and Care Inspectorate Wales, when initially registering your care home.

Example Code of Practice for food and drink in care home settings

1. We have developed a food and drink policy

To support the health and wellbeing of the residents in our care. It covers all aspects of our approach to food and drink provision and how we engage with residents and relatives about it.

2. We plan varied menus and snacks in advance

To ensure variety in taste, texture and colour and taking into account sustainability of food.

3. We provide meals, snacks and drinks that meet the national best practice food and drink standards and guidance

To ensure the residents in our care receive the right balance of energy and nutrients to maintain their health, meet any specific dietary needs and prevent malnutrition and dehydration.

4. We cater for all residents needs and provide a 'Food First' approach

This includes food fortification, finger foods, texture modified foods, thickened fluids and special diets where appropriate.

5. We have a positive dining environment

To encourage and support residents to eat well, in comfortable and social surroundings.

6. We follow food safety and hygiene regulations in all aspects of food and drink provision

To ensure the residents in our care are safe from any risks in relation to food.

Developing a food and drink policy

A food and drink policy for care home settings:

- is a plan of action to ensure everyone follows best practice and is consistent in their approach to food and drink with residents
- enables everyone to be involved in agreeing the approaches – staff, residents and relatives
- can provide information to new residents and their families
- can be used as evidence to demonstrate your commitment to the health and well-being of residents to prospective residents, local authority, health board and Care Inspectorate Wales.

The information in the policy will vary with the number, and needs of the residents in your care and the type of setting you are. The code of practice can be used to set out the policy.

Sample food and health policy for care home setting

Mission statement

Our **care home** is committed to providing residents with nutritious balanced meals, snacks and drinks, which meets the person's individual dietary needs.

We comply with the Welsh Government statutory guidance for provision of food and drink and aim to demonstrate best practice in all our approaches to food, hydration and health.

We provide a social dining environment that supports and encourages residents to eat well and take part in a range of food related activities.

We plan varied menus and snacks in advance

- Our menus will be on display in advance.
- Recipes will be available upon request.
- Residents and relatives are encouraged to offer menu suggestions or comment on the policy.

We provide meals, snacks and drinks that meet the national food and nutrition for care home settings – best practice guidance

- All residents will have suitable food choices available depending on their preferences and needs, using the recommended portion sizes.
- All food standards and guidance will be complied with.
- Water will be available at all times.

We cater for all residents needs and provide a 'Food First' approach

- We offer a range of nutritious snacks, drinks and fortified foods where necessary.
- We provide a range of texture modified meals following the IDDSI guidance for individual residents who require it.
- We provide for cultural, religious needs and special diets
- We have a flexible approach to meal times as far as possible

We ensure hydration needs are met and provide assistance to residents where required

We have a positive eating environment

- The dining environment is pleasant and welcoming.
- Carers sit with the residents when they eat and encourage and assist food intakes where necessary.
- Residents will be given plenty of time to eat.
- Residents will be encouraged to eat in the dining areas where able to but will be supported in their choice of where to eat.
- We regularly have events that include food for cultural occasions.

We follow food safety and hygiene rules in all aspects of food and drink provision

- All food in the setting will be stored, prepared and served following regulated food safety and hygiene practices.
- Staff will have appropriate qualifications in food hygiene and safety.

Communication with residents and relatives

- We will display the policy to all residents and visitors and it will be reviewed annually.
- Residents requiring a special diet will be asked to provide as much information as possible about suitable foods.
- As agreed with the resident, their family will be informed on how well they are eating and if any cause for concern.

General environment

- Residents will be encouraged to go outside every day, weather permitting, to ensure they receive sunlight, as well as providing regular physical activity according to their ability.
- We will monitor the policy regularly and address any areas for improvement.

Self monitoring

The following action plans cover the 6 areas of the code of practice and can support you to:

- Monitor your progress to implement the guidance.
- Demonstrate how you have taken due regard of the statutory guidance for care and support in regard to nutrition and hydration care.
- Demonstrate the positive changes achieved from putting the guidance into practice.
- Show how you meet best practice in a range of areas such as:
 - a) your provision of food and drink
 - b) related communication and activities that may be linked to food
 - c) food safety and the suitability of the environment.
- Show how you take all aspects of food, residents needs, the dining environment and care and support at meal times into account.

Note: these action plans cover all aspects of food, drink, individual needs and the dining environment. You may wish to use some or all or adapt to suit your own needs and the range of food you provide.

These will also contribute to all 4 themes in the CIW inspection framework: well-being; care and development; environment; leadership and management, with a particular focus on care and development, in relation to keeping residents safe and healthy.



Action	Date	
██████████ ██████████ ██████████	1/1/2019	✓
██████████ ██████████ ██████████	1/1/2019	✗
██████████ ██████████ ██████████	1/1/2019	✓

ACTION PLAN: Food and drink policy			
		Date of completion:	Review date:
	Is in place and can be demonstrated by:	Actions needed:	By date:
<p>We have a food and drink policy which supports the health and wellbeing of older people in our care and covers all aspects of our approach to meeting their food, nutrition and hydration needs</p> <p>The food and drink policy/statement is in place and:</p> <ul style="list-style-type: none"> • reviewed annually as a minimum • shared with staff • shared and discussed with residents and relatives • included in any resources or documents outlining our provision of care. 			
<p>We ensure staff have the appropriate knowledge and skills to support our food and drink policy:</p> <p>There is a named person (s) with overall responsibility for food and drink across the care home e.g a 'Nutrition Champion'</p> <p>Staff access advice on meal and menu planning from a reputable source¹</p> <p>There is a minimum of one existing staff member² that has a recognised qualification/attended nutrition course delivered by a dietitian</p> <p>Staff have knowledge of the fluid requirements of residents and the importance of keeping hydrated</p> <p>All food handlers are suitably trained in food hygiene and safety according to their role</p> <p>We ensure fresh water and suitable drinks are available and accessible to all throughout 24 hours</p>			

ACTION PLAN: Food and drink policy			
		Date of completion:	Review date:
	Is in place and can be demonstrated by:	Actions needed:	By date:
<p>We have a food and drink policy which supports the health and wellbeing of older people in our care and covers all aspects of our approach to meeting their food, nutrition and hydration needs</p> <p>We provide for cultural, philosophical and religious needs and special dietary requirements (see separate action plans)</p> <p>We communicate with residents and families to ensure: Information about menus, meals, snacks and drinks is available to all Residents and relatives are involved in menu planning and providing feedback</p>			

¹ see Table 1 Information on training

² if homes are split into distinct units with separate leadership or processes, then there should be one staff per 'unit'

ACTION PLAN: Menu planning and food provision			
	Is in place and can be demonstrated by:	Date of completion:	Review date:
We plan varied menus for meals and snacks in advance that meet the national food and nutrition best practice guidance for older people care homes		Actions needed:	By when:
We have a 3 week menu cycle or more than 3 weeks			
Menus are changed at least twice a year and seasonality is considered			
Menus include details of all meal choices, snacks and drinks that are offered			
Menus are in a user friendly format for all resident's needs (e.g. large print, visual) and are displayed			
Standardised recipes are used to ensure consistent quality and content			
We have a standard menu and a fortified menu, as required			
We develop menus using 'finger foods' as required			
A range of snacks are available to the residents, 24 hours a day			
Intervals between meals do not exceed 5 hours and the interval between the last meal offered and breakfast the following morning is less than 12 hours			
Mealtimes are flexible, including choice and timing to ensure resident needs are met and no one misses a meal			

ACTION PLAN: Food drink and meal standards				Date of Completion:	Review date:
We provide meals, snacks and drinks that meet the best practice guidance	Is in place and can be demonstrated by:	Actions needed:	By date:		
Fruit and vegetables					
<p>For a full days menu we provide:</p> <p>A choice of '5' a day from a range of vegetables, salads and fruit, served with breakfast, main meals, and as snacks. Correct portion sizes (80g is one portion)</p> <p>Fruit based desserts are offered as one of '5' a day</p> <p>A glass of fruit juice is offered with one meal time to help meet the Vitamin C intakes</p> <p>Fresh fruit is available and ready to eat for those who require it e.g. fresh fruit salad in containers</p>					
Potatoes, bread, rice, pasta and other starchy carbohydrates	Is in place and can be demonstrated by	Actions needed	By date		
<p>For a full days menu we provide:</p> <p>6 portions of foods from this group daily</p> <p>A variety each day and include wholegrain and high fibre options</p> <p>Bread and bread products with lower salt content</p> <p>Correct portion sizes</p> <p>We do not add bran to cereals or foods</p>					

ACTION PLAN: Food drink and meal standards			
	Is in place and can be demonstrated by	Date of Completion:	Review date:
<p>Beans, pulses, fish, eggs and meat and other proteins</p> <p>For a full days menu we provide:</p> <p>One portion of beans, pulses, fish, eggs, meat or other proteins at least 2 of 3 meals per day (breakfast, main meal and lighter meal)</p> <p>A variety across the week</p> <p>Oily fish once a week</p> <p>Correct portion sizes</p> <p>For vegetarians – 2-3 portions of beans, pulses, eggs, or other meat alternative across the day</p>		Actions needed	By date
<p>Dairy and alternatives</p> <p>For a full days menu we provide:</p> <p>3 portions of dairy and alternatives each day from the following:</p> <p>200ml (1/3 pt) milk</p> <p>30g (1oz) cheese</p> <p>150g (1 med. pot) yoghurt</p> <p>200g (1 large pot/1/2 can) custard, milk pudding</p> <p>Each item is one portion</p> <p>A choice of whole milk and semi skimmed milk</p> <p>Skimmed milk and alternative milks are provided where appropriate</p>		Actions needed	By date

ACTION PLAN: Hydration and drinks			
	Date of Completion:	Review date:	
We ensure hydration needs are met and provide assistance to residents where required	Is in place and can be demonstrated by:	Actions needed:	By date:
We have a clear plan* to promote water and fluid intake amongst our residents			
We offer at least 6-8 drinks per day for each resident			
We have clear procedures for recording whether residents drink enough			
A variety of hot and cold drinks are available every day during and after mealtimes (Including tea, coffee and decaffeinated, water, milk, squash, herbal/fruit tea, sugar free varieties)			
Residents requiring a thickener to be added are identified Recommendations and instructions have been provided by a speech and language therapist			
We have a system in place to ensure correct cleaning of cups, glasses, jugs etc			
Residents can ask for and access the toilet facilities when they need them			

*this can be part of a food and drink policy or a specific hydration action plan and can include what training staff have on hydration, how they promote the importance of drinking regularly and support residents to drink, when needed

ACTION PLAN: 'Food first' and fortified foods			
	Is in place and can be demonstrated by:	Date of Completion:	Review date:
		Actions needed:	By date:
<p>We offer a 'food first' approach and aim to meet individual resident's needs through:</p> <ul style="list-style-type: none"> • provision of smaller meals more often • regular nutritious snacks and drinks • use of fortified milk • food fortification as appropriate. 			
<p>Food is fortified only for those residents who require it</p> <p>Family/friends of the resident are involved where necessary to identify any known favourite meals/foods/drinks</p>			
<p>Finger food is available between and for meals for those residents that will benefit</p> <p>When relevant, and to meet a residents assessed need, food is easily identifiable on the plate by using plain, contrasting crockery</p>			
<p>For residents prescribed oral nutritional supplements:</p> <p>A process is in place to monitor compliance</p> <p>Different methods are used to encourage uptake e.g decanting the supplement into a glass or beaker, providing smaller amounts regularly throughout the day e.g. 40mls three times a day, (tds) serving at the preferred temperature</p> <p>Specific instructions, if provided by a healthcare professional are followed</p>			

Note: Residents with Dementia - a number of the actions for nutrition care will apply to meeting the range of needs of people with dementia. Refer to section 2B and ensure personal plans are in place if required.

Note: Fortified food is used here to describe an overall approach. See section 2C on food fortification for specific examples.

ACTION PLAN: Texture modified diets			
	Is in place and can be demonstrated by	Date of Completion:	Review date:
		Actions needed	By date
All residents that require a texture modified diet have been assessed by a health professional			
Individual requirements for food texture modification are recorded and communicated to all staff supporting the resident with eating and drinking			
Individual prescription for thickening agent is recorded and communicated to all staff supporting the resident with eating and drinking			
We follow the IDDSI definitions and guidance for different textures, as prescribed			
Minced and moist, pureed and liquidised meals are presented in their separate components			
Residents requiring texture modified diets are offered a choice			

The following two action plans focus on food service and the dining environment. They are very comprehensive and may help you to audit your services in this area to identify any areas for improvement and acknowledge best practice. They can be amended and individualised to suit your requirements. See resources

e.g you could use it to carry out an internal audit and ensure that staff have the appropriate skills and competencies and can identify any training needs as well as compliment and reward good practice.

ACTION PLAN: Food service – preparation and presentation			
	Is in place and can be demonstrated by:	Date of Completion:	Review date:
		Actions needed:	By date:
<p>Cleanliness and hygiene</p> <p>Team members:</p> <ul style="list-style-type: none"> • wash their hands prior to food service • wear clean linen or disposable aprons when serving meals • have long hair tied back. 			
<p>Presentation of food</p> <p>Food is served individually (not pre-plated)</p> <p>Portion sizes are varied depending on choice and appetite</p> <p>Food includes a variety of colours and textures and is attractively presented</p> <p>Sandwiches are served attractively e.g. in triangles with a salad and crisp garnish on a large plate</p> <p>Salads are served with a carbohydrate option e.g. potato, bread, rice or pasta</p> <p>Desserts are not served before the main meal is finished</p>			

ACTION PLAN: Food service – preparation and presentation			
	Is in place and can be demonstrated by:	Date of Completion:	Review date:
		Actions needed:	By date:
<p>Temperature of food: Food is served at the correct temperature to the table Hot food is never allowed to sit to go cold while the resident is preparing to eat or be assisted to eat Cold food is not left to go warm</p>			
<p>Quality of food Meat is tender and easy to chew Vegetables retain their form and are not “soggy” Salads are fresh and include a variety of items</p>			

ACTION PLAN: Food service – dining environment and communication

		Date of Completion:	Review date:
	Is in place and can be demonstrated by:	Actions needed:	By date:
Dining areas are communal with choice of location/seating			
The dining room is clean, light, and tidy			
A team member has been appointed to lead the dining room service (where applicable)			
Residents are involved in food related activities such as table preparation, food preparation, clearing away, where they can and want to be			
Residents are greeted on arrival and offered a suitable appetiser and a choice of drink served from a jug			
Staff sit with residents and encourage social interaction			
Food choice is determined at point of service, as far as possible			
Staff ask residents what they would like to eat in a dignified and respectful way			
Staff are aware of individual dietary requirements and can assist resident to make a suitable choice			
<p>Residents that require assistance:</p> <p>Residents are assisted, if required, to wash their hands (or use a cleansing wipe) prior to and after their meal</p> <p>Residents are assisted to sit in the best position to eat safely and carers sit alongside</p> <p>Staff use appropriate and sensitive language when assisting residents with food choices and eating e.g. do not use the term 'feeders'</p>			

ACTION PLAN: Food service – dining environment and communication

	Is in place and can be demonstrated by:	Date of Completion:	Review date:
		Actions needed:	By date:
Staff give information about the food or drink being provided throughout the meal			
Staff use appropriate aids to assist with eating e.g. adapted cutlery			
Team members are only assisting one resident at a time			
Residents are provided with appropriate and dignified napkins/dining aprons			
Residents are given sufficient time to complete their meals			
Residents' wishes to dine alone are respected, with appropriate seating/table provided to aid comfort and positioning, and assistance where required			
Residents' families and friends are offered the opportunity to dine with the resident in private or in the communal dining areas. This will be clearly defined in the residents personal plan			
Where residents are struggling to eat, this is identified and discussed with the appropriate team member to identify any actions required			
If residents are asleep or unavoidably miss meals then an alternative is offered			

Acknowledgement: Adapted, with kind permission, from dining audit, Greenhill Manor Care Home

ACTION PLAN: Nutritional assessment and monitoring			
	Is in place and can be demonstrated by:	Date of Completion:	Review date:
			By date:
We have systems in place and staff trained to undertake nutritional screening using the MUST tool for risk of malnutrition, if applicable			
We follow local referral procedures to refer to a dietitian, where further dietary assessment is required			
Where identified: Individual residents have a personal plan for nutrition care in place and this is monitored (e.g appetite, food and fluid intakes, weight change)			

Information on Training support

<p>Food Hygiene courses</p>	<p>See FSA Safe Food Better Business https://www.food.gov.uk/business-guidance/safer-food-better-business Contact Local Environmental Health Department and/or local workforce development team</p>
<p>NVQ level training available in colleges for catering and food preparation skills.</p>	<p>See local college prospectus for courses e.g. Level 1 NVQ Food preparation and cooking Level 2 City and Guilds Diploma NVQ Food Production and cooking CIEH L2 Award in Allergen Awareness</p>
<div data-bbox="252 629 555 790" data-label="Image"> </div> <p>Nutrition skills for life Course on food and nutrition skills for older people care</p>	<p>Public Health Dietitians in health boards The following link has contact details for your health board https://www.publichealthnetwork.cymru/en/topics/nutrition/nutrition-skills/ Bespoke training from health board dietitians working with care homes. Catering for texture modification Ask the Health Board, Speech and language therapist or dietitian about training for IDDSI textures</p>

Role of relevant Health Care Professionals in food and nutrition care

	What they do in relation to food and diet requirements
<p>Speech and Language Therapist</p>	<p>Will carry out assessment and therapy for residents with difficulties in swallowing and communication The speech and language therapist will work together with the patient and the care staff in creating shared communication, eating and drinking goals They will recommend appropriate texture of foods and fluid for safe swallow where necessary</p>
<p>Occupational Therapist</p>	<p>Improve the environmental design and advise on how to support residents to improve their quality of life Maximise potential to engage in daily activities which include meal times. Support resident to access food and drink in a dignified way through recommending suitable aids and adaptations</p>
<p>Dietitian</p>	<p>Will formally assess dietary intakes and discuss and agree with resident and/or carer, recommended changes to diet and fluid intakes or prescribe a special diet to meet specific needs Deliver training to care staff on nutrition and hydration in order to provide the correct nutritional support to residents</p>

Note: access to services for the above health professions may vary, you will need to refer to your local policies and procedures